

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053168

1. Entity Name

KEITH S. FAIRCHILD & ASSOCIATES, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90336 013 ***150.00

Principal Place of Business

Mailing Address

9770 BAYMEADOWS RD
 STE 123
 JACKSONVILLE FL 32256

9770 BAYMEADOWS RD
 STE 123
 JACKSONVILLE FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3330083

Applicable For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANT, MOORE, SAPP, MACDONALD & WELLS, PA
 50 NORTH LAURA STREET
 BARNETT CENTER, SUITE 3100
 JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01

FILE NAME ☐ Delete
D FAIRCHILD, KEITH S
 STREET ADDRESS **9770 BAYMEADOWS ROAD**
 CITY-STATE-ZIP **JACKSONVILLE FL 32256**

FILE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report; as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

904-641-4919

Telephone #

CR2E034 (10/00)