

# 2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016682

1. Entity Name

FAIRWAY MARKETING GROUP OF PINELLAS, INC.

**FILED**  
**Jun 01, 2001 8:00 am**  
**Secretary of State**

06-01-2001 90020 001 \*\*\*300.00

73920



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
4625 E. BAY DR. 4625 E. BAY DR.  
308 308  
CLEARWATER FL 33764 CLEARWATER FL 33764

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 **59-3427921** Applied 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

T.J. CARRIGAN & CO. INC.  
11282 W HILLSBOROUGH AVE  
TAMPA FL 33635

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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. (NOT 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 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CARLSON, DARREN	
STREET ADDRESS	4625 EAST BAY DR. #308	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TAYLOR, ROBERT	
STREET ADDRESS	4625 EAST BAY DR.	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and 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

Date

Daytime Phone #

CR2E034 (10/00)