

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90036 030 ***150.00

659592

DO NOT WRITE IN THIS SPACE

DOCUMENT # 1. Entity Name Fadigan & Associates, Inc.			
Principal Place of Business 6355 Metro West Blvd. Suite. 455 Orlando, FL 32835		Mailing Address 6355 Metro West Blvd. Suite. 455 Orlando, FL 32835	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip	
Country		Country	
4. FEI Number 59-3449215		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent James Fadigan 2524 Waterview Place Windermere, FL 34786		7. Name and Address of New Registered Agent 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 <i>James Fadigan</i> DATE 4/26/00 (NOTE: Registered Agent signature required when reinstating)			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CP. 455 Fadigan, James F. 6355 Metro West Blvd. #455 Orlando, FL 32835 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Fadigan, James F. 6355 Metro West Blvd. #455 Orlando, FL 32835 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VDS Fresonke, Dean 6355 Metro West Blvd. #455 Orlando, FL 32835 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Fresonke, Dean 6355 Metro West Blvd. #455 Orlando, FL 32835 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD Fadigan, John 6355 Metro West Blvd. #455 Orlando, FL 32835 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Fadigan, John 6355 Metro West Blvd. #455 Orlando, FL 32835 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP VD Robert W. Smathers 7221 N.W. 9th Street Plantation, FL 33317 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <i>James Fadigan</i>		4/26/00 (407) 926-7203	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/99)