

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90120 045 \*\*\*158.75

**DOCUMENT #** P97000054710

**1. Entity Name**

Fagan Associates, Inc.



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**22002184**

|  |  |  |  |
|--|--|--|--|
| <b>2. Principal Place of Business</b><br>933 Beville Road<br>Suite, Apt. #, etc.<br>Ste 101-G<br>City & State<br>South Daytona, Fl.<br>Zip<br>32119-1756<br>Country<br>Volusia |  | <b>3. Mailing Address</b><br>933 Beville Road<br>Suite, Apt. #, etc.<br>Ste 101-G<br>City & State<br>South Daytona, Fl.<br>Zip<br>32119-1756<br>Country<br>Volusia |  |
|--|--|--|--|

|                                    |   |
|------------------------------------|---|
| <b>4. FEI Number</b><br>59-3448274 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|------------------------------------|---|

|   |                                       |
|---|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

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**7. Name and Address of Current Registered Agent**

|   |                          |
|---|--------------------------|
| <b>Name</b> Susan Miller  |                          |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>435 Chimney Hill Place |                          |
| <b>City</b> Ormond Beach  | <b>Zip Code</b> FL 32174 |

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reissuing)

**DATE**

1-30-03

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$350.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|   |  |   |  |
|---|--|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>Susan Miller<br>435 Chimney Hill Place<br>Ormond Beach, Fl. 32174 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Vice President<br>Richard Fagan<br>24 Wild Cat Lane<br>Ormond Beach, Fl. 32174 | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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**12. 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 10 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 #**

1-30-03 386 255-0645

CR2ED34B (12/02)