

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90365 022 \*\*\*150.00

**DOCUMENT # P98000020077**



1. Entity Name  
**FAGAN ASSOCIATED INDUSTRIES, INC.**

Principal Place of Business  
**5065 KEYSVILLE AVENUE  
SPRING HILL FL 34608**

Mailing Address  
**P.O. BOX 6303  
SPRING HILL FL 34608**



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 **59-3498374**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAGAN, DONNA  
5065 KEYSVILLE AVENUE  
SPRING HILL FL 34608**

Name **DAVID W FAGAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**5065 KEYSVILLE AVE  
SPRING HILL**  
City **FL** Zip Code **34608**

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 **DAVID W FAGAN**

*D. W. Fagan*

DATE **4-11-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  Delete  
NAME **FAGAN, DONNA M**  
STREET ADDRESS **5065 KEYSVILLE AVENUE**  
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **PROS**  Change  Addition  
NAME **DAVID W. FAGAN**  
STREET ADDRESS **5065 KEYSVILLE AVE**  
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **S**  Delete  
NAME **FAGAN, PATRICK W**  
STREET ADDRESS **10410 DUNKIRK**  
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

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TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DAVID W FAGAN**

DATE **4/11/03** DAYTIME PHONE # **352 684-0178**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (10/02)