

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

04-27-2001 90328 042 \*\*\*150.00

**DOCUMENT # P98000079134**

1. Entity Name

**FAIRCHILD CONSULTANTS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~370 WEST CAMINO GARDENS BLVD-~~  
~~SUITE 118-~~  
 BOCA RATON FL 33432

~~370 WEST CAMINO GARDENS BLVD.~~  
~~SUITE 118-~~  
 BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

1489 W. Palmetto Park Rd.

1489 W. Palmetto Park Rd.

Suite, Apt. #, etc.  
 Suite 455

Suite, Apt. #, etc.  
 Suite 455

City & State  
 Boca Raton FL

City & State  
 Boca Raton FL

4. FEI Number **65-0862553**

Applied For  
 Not Applicable

Zip  
 33486

Country

Zip  
 33486

Country

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

**MOLLIKA, KIM T**  
~~370 WEST CAMINO GARDENS BLVD.~~  
~~SUITE 118-~~  
 BOCA RATON FL 33432

Name Kim T. Mollica  
 Street Address (P.O. Box Number is Not Acceptable)  
1489 W. Palmetto Park Rd.  
Suite 455  
 City Boca Raton FL Zip Code 33486

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 re-registering)

DATE 4-15-01

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 **D**  Delete  
 NAME **MOLLIKA, KIM T**  
 STREET ADDRESS ~~370 WEST CAMINO GARDENS BLVD., SUITE 118~~  
 CITY-ST-ZIP ~~BOCA RATON FL 33432~~

TITLE  Change  Addition  
 NAME Kim T. Mollica  
 STREET ADDRESS 1489 W. Palmetto Park Rd.  
 CITY-ST-ZIP Boca Raton FL 33486

TITLE **D**  Delete  
 NAME **PEARSON, CAROL H**  
 STREET ADDRESS ~~370 CAMINO GRONS BLVD STE 118~~  
 CITY-ST-ZIP ~~BOCA RATON FL 33432~~

TITLE  Change  Addition  
 NAME Kim T. Mollica  
 STREET ADDRESS 1489 W. Palmetto Park Rd.  
 CITY-ST-ZIP Boca Raton FL 33486

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  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 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

DATE 4-15-01 561-394-5524

Date

Daytime Phone #

CR2E034 (10/00)