

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90102 010 ***150.00

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DOCUMENT # **P98000079134**

1. Entity Name
FAIRCHILD CONSULTANTS, INC.



Principal Place of Business
1489 W PALMETTO PARK ROAD
SUITE 455
BOCA RATON FL 33486
US

Mailing Address
1489 W PALMETTO PARK ROAD
SUITE 455
BOCA RATON FL 33486
US



2. Principal Place of Business
1500 N. Ocean BLVD.

3. Mailing Address
P.O. Box 272825

Suite, Apt. #, etc.
403

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Pompano Beach FL

City & State
Boca Raton FL

4. FEI Number **65-0862553**

Applied For
Not Applicable

Zip **33062** Country **USA**

Zip **33427** Country **USA**

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

MOLICA, KIM T
1489 W PALMETTO PARK ROAD
SUITE 455
BOCA RATON FL 33486

Name
Molica, Kim T.
Street Address (P.O. Box Number is Not Acceptable)
1500 N. OCEAN BOULEVARD
403
City **Pompano Beach FL** Zip Code **33062**

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] Esquire**

DATE **4-8-2003**

(NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MOLICA, KIM T 1489 W PALMETTO PARK RD, SUITE 455 BOCA RATON FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PEARSON, CAROL H 1489 W PALMETTO PARK RD, SUITE 455 BOCA RATON FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Molica, Kim T. 1500 N. OCEAN BLVD. # 403 Pompano Beach FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PEARSON, CAROL H 1500 N. OCEAN BLVD. # 403 Pompano Beach FL 33062
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-8-2003** DAYTIME PHONE # **561-374-5524**

CR2E034 (10/02)