

**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

0433698 AV

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**1500 N. Ocean BLVD.
Suite, Apt. #, etc.
403**

3. Mailing Address
**P.O. Box 272825
Suite, Apt. #, etc.**

City & State
**Pompano Beach FL
Zip
33062
Country
USA**

City & State
**Boca Raton FL
Zip
33427
Country
USA**

4. FEI Number **65-0862553**

Applied For
Not Applicable

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**

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 NAME STREET ADDRESS CITY-ST-ZIP | D MOLICA, KIM T 1489 W PALMETTO PARK RD, SUITE 455 BOCA RATON FL 33486 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEARSON, CAROL H 1489 W PALMETTO PARK RD, SUITE 455 BOCA RATON FL 33486 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Molica, Kim T. 1500 N. Ocean BLVD. #403 Pompano Beach FL 33062 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pearson, Carol H 1500 N. Ocean BLVD. #403 Pompano Beach FL 33062 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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)