

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029926

1. Entity Name  
FAIRCLOTH INFORMATION TECHNOLOGY SYSTEMS, INC.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91002 037 \*\*\*150.00

Principal Place of Business  
5947 BIRCHWOOD DR  
TAMPA FL 33625  
NEW ADDRESS: 6011 NATIVE WOODS DR  
TAMPA, FL 33625

Mailing Address  
5947 BIRCHWOOD DR  
TAMPA FL 33625

2. Principal Place of Business  
6011 NATIVE WOODS DR  
Suite, Apt. #, etc.

3. Mailing Address  
6011 NATIVE WOODS DR.  
Suite, Apt. #, etc.

City & State  
TAMPA, FL

City & State  
TAMPA, FL

4. FEI Number 59-3611882

Applied For  
Not Applicable

Zip Country  
33625 USA

Zip Country  
33625 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

FAIRCLOTH, ALTON L  
5947 BIRCHWOOD DR  
TAMPA FL 33625

Name  
ALTON L. FAIRCLOTH  
Street Address (P.O. Box Number is Not Acceptable)  
6011 NATIVE WOODS DR.  
City TAMPA FL Zip Code 33625

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 Alton L. Faircloth ALTON L. FAIRCLOTH PRESIDENT  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/29/01  
DATE

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 PD  
NAME FAIRCLOTH, ALTON L  
STREET ADDRESS 5947 BIRCHWOOD DR  
CITY-ST-ZIP TAMPA FL 33625 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME FAIRCLOTH, SANDRA  
STREET ADDRESS 5947 BIRCHWOOD DR  
CITY-ST-ZIP TAMPA FL 33625 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME FAIRCLOTH, HELEN G  
STREET ADDRESS RT. 1 BOX 497  
CITY-ST-ZIP AYDEN NC 28513 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Alton L. Faircloth ALTON L. FAIRCLOTH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01  
Date

(727) 319-5872  
Daytime Phone #

CR2E034 (10/00)