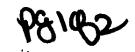
## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENTE P99000032062



| 1. Entity Nam   | e<br>MEM-l≟#ᢤᡣ つつОООС   | 0200Z                                       |   |  |           |
|---|---|---|---|--|-----------|
|   | Y CONTRACTORS, INC.   |   |   | FILED  |           |
| ***   |   |   |   | 00 SEP 29 AM 11: 22  |           |
| Principal Plac  |   | Mailing Address                             |   |  |           |
| 2622 W. MEMORIAL BLVD.<br>ŁAKELAND FL 33815   |   | 2622 W. MEMORIAL BLVD.<br>LAKELAND FL 33815 |   | SECRETARY OF STATE<br>TAULAHASSEE, FLORIDA   |           |
|   |   |   |   | I KERNIKAN KANUAN KANUAN KANUAN BANKI BANKI BANKI BANKA AKIN BANKA AKINA BANKA AKINA MININ KANUAN KANUAN KANUA |           |
| 2. Principal Place of Business  |   | 3. Mailing Address                          |   |  |           |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                         |   | DO NOT WRITE IN THIS SPACE   | _         |
| City & State  |   | City & State                                |   | 4. FEI Number   Applied For   W5 - 0 9 19 3 4 0   Not Applicab   | le        |
| Zip   | Country   | Zip   | Country   | 5. Certificate of Status Desired Sa.75 Additional Fee Required   |           |
|   | 6. Name and Address of Current R  | egistered Agent                             | Nome  | 7. Name and Address of New Registered Agent  | 긕         |
| WΩ  | LFE, RANDOLPH J   |   | Name  | -  |           |
| 201 N. FRANKLIN ST., STE. 2100<br>TAMPA FL 33602  |   |   | Street Address  | s (P.O. Box Number is Not Acceptable)  | 4         |
| 77 41   | WITTE GOODE   |   |   |  | 4         |
|   |   |   | City  | FL Zip Code  | ╛         |
| SIGNATURE   | Signature, typed or printed name of registered agent an                 | <del></del>                                 | Registered Agent signature requi  |  |           |
| <ol> <li>This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.         (See criteria on back)</li></ol>                                  |   | After SEPTEMBER 13,                         |   | tate   |           |
| 11.   | OFFICERS AND D  |   | 12.   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  | $\exists$ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>LAWRENCE, MICHAEL D<br>2622 W. MEMORIAL BLVD.<br>LAKELAND FL 33815 | ☐ Delete                                    | TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Change   | ן חנ      |
| TITLE   | D   | ☐ Delete                                    |   | ****150.00 ****150.00_   |           |
| NAME<br>STREET ADDRESS  | SMYERS, STEVEN R  | CT Delete                                   | TITLE   |  | nc        |
| aineel Abuncaa .  | 2622 W MEMORIAL RIVID   | C Oelele                                    | NAME  | ****150.00 ****150.00  | on {      |
| CITY-ST-ZIP   | 2622 W. MEMORIAL BLVD.<br>LAKELAND FL 33815                             | C. Derece                                   |   | ****150.00 ****150.00  | on }      |
| CITY-ST-ZIP  TITLE  NAME  STREET ADORESS  CITY-ST-ZIP   |   | □ Delete                                    | NAME<br>STREET ADDRESS  | ****150.00 ****150.00  |           |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  |   | ☐ Delete                                    | NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET AUDRESS CITY-ST-ZIP  TITLE NAME  | ****150.00 ****150.00  Change Addition  Change Addition  | on        |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | LAKELAND FL 33815   | Delete Delete Delete                        | NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP        | ****150.00 *****150.00    Change   | on        |

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:

SIGNATUSE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Songers 9-27-00 Daytome Phone #



September 27, 2000

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Fairway Contractors, Inc. #65-0919340 2000 Annual Report

## Gentlemen:

Please find enclosed the Annual Report for the above referenced corporation. The Company never received the original report that should have been sent in January 2000.

Enclosed is a check for the \$150.00 filing fee. On behalf of the taxpayer, we respectfully request that the late filing fee assessed to this company be waived, due to the aforementioned circumstances.

Your assistance is greatly appreciated.

Sincerely,

Stephen H. Hamic, CPA

SHH/cmo