

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90132 020 \*\*\*150.00

0644495

**DOCUMENT # M87052**

1. Entity Name  
**FAIRWAY DESIGN INTERNATIONAL, INC.**

Principal Place of Business C/O SCOTT D. ITTERSAGEN 1861 PLACIDA ROAD, STE 204 ENGLEWOOD FL 34223-4957 US	Mailing Address C/O SCOTT D. ITTERSAGEN 1861 PLACIDA RD. STE 204 ENGLEWOOD FL 34223-4957 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2934307**

Applied For  
 Not Applicable

Zip Country

Zip 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

~~ITTERSAGEN, SCOTT D.~~  
 1861 PLACIDA ROAD  
 SUITE 204  
 ENGLEWOOD FL 34223

Name Steve Hamic  
 Street Address (P.O. Box Number is Not Acceptable)  
1905 S. Florida Avenue  
 City Lakeland FL Zip Code 33803

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 Steve Hamic

4-24-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME	<b>D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>SMYERS, STEVEN R.</b>	
CITY-ST-ZIP	<b>541 LONE PALM DRIVE</b>	
	<b>LAKELAND FL 33815</b>	
TITLE NAME	<b>S</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>SMYERS, SHERRIN</b>	
CITY-ST-ZIP	<b>541 LONE PALM DRIVE</b>	
	<b>LAKELAND FL 33815</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Steve Smyers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01 (863) 683-6100  
Date Daytime Phone #

CR2E034 (10/00)