

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0513974 AV

03-29-2002 91396 048 \*\*\*150.00

**DOCUMENT # M87052**

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

Principal Place of Business <b>C/O SCOTT D. ITTERSAGEN          1881 PLACIDA ROAD, STE 204          ENGLEWOOD FL 34223-4957          US</b>	Mailing Address <b>C/O SCOTT D. ITTERSAGEN          1881 PLACIDA RD. STE 204          ENGLEWOOD FL 34223-4957          US</b>
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2. Principal Place of Business <b>2422 W Memorial Blvd</b>	3. Mailing Address <b>1905 S Florida Avenue</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Lakeland</b>	City & State <b>Lakeland, FL</b>
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4. FEI Number <b>59-2934307</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>FL</b>	Country <b>33815 USA</b>	Zip <b>33903</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HAMIC, STEVE  
 1905 S FLORIDA AVENUE  
 LAKELAND FL 33803**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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* DATE **3-20-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMYERS, STEVEN R. 541 LONE PALM DRIVE LAKELAND FL 33815</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SMYERS, SHERRIN 541 LONE PALM DRIVE LAKELAND FL 33815</b> <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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

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 Hamic* DATE **3-20-02** (863) 683-6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)