

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90124 037 ***158.75

DOCUMENT # F98000005705

1. Entity Name
FAB-TECH INDUSTRIES OF BREVARD, INC.



Principal Place of Business
**435 GUS HIPP BLVD
ROCKLEDGE FL 32955
US**

Mailing Address
**435 GUS HIPP BLVD
ROCKLEDGE FL 32955
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3535302**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 **D** ☒ Delete
NAME **SILVA, ROBERT V**
STREET ADDRESS **200 CENTENNIAL AVE.**
CITY-ST-ZIP **PISCATAWAY NJ 08854**

TITLE **VICE-PRESIDENT, FINANCE** ☐ Change ☒ Addition
NAME **GEORGE E MANNING**
STREET ADDRESS **4396 WAXWING CT.**
CITY-ST-ZIP **DOYNTON BEACH FL 33436**

TITLE **V** ☒ Delete
NAME **MAYER, ANDREW J JR.**
STREET ADDRESS **200 CENTENNIAL AVE.**
CITY-ST-ZIP **PISCATAWAY NJ 08854**

TITLE **PRESIDENT - C.O.O.** ☐ Change ☒ Addition
NAME **JAMES P O'HALLORAN**
STREET ADDRESS **105 SPRING ST.**
CITY-ST-ZIP **ARLINGTON MA 02174**

TITLE **CT** ☐ Delete
NAME **MARK, DOUG**
STREET ADDRESS **2310 PLAZA VII, 45 STH. 7TH STREET**
CITY-ST-ZIP **MINNEAPOLIS MN 55402**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **BRIAN SCHNEIDER**
STREET ADDRESS **2310 PLAZA VII, 45 STH. 7TH STREET**
CITY-ST-ZIP **MINNEAPOLIS, MN 55402**

TITLE **DS** ☒ Delete
NAME **BECKER, SCOTT**
STREET ADDRESS **2310 PLAZA VII, 45 STH. 7TH STREET**
CITY-ST-ZIP **MINNEAPOLIS MN 55402**

TITLE **CHARLES SCHNEIDER** ☐ Change ☒ Addition
NAME **CHARLES SCHNEIDER**
STREET ADDRESS **2310 PLAZA VII, 45 STH. 7TH ST.**
CITY-ST-ZIP **MINNEAPOLIS, MN 55402**

TITLE **D** ☒ Delete
NAME **PICCO, GREGORY J**
STREET ADDRESS **435 GUS HIPP BLVD**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03 321-633-6040
Date Daytime Phone #

CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # **F98000005705**

1. Entity Name

FAB-TECH INDUSTRIES OF BREVARD, INC.



90043764

Principal Place of Business

435 GUS HIPP BLVD
ROCKLEDGE FL 32955
US

Mailing Address

435 GUS HIPP BLVD
ROCKLEDGE FL 32955
US

2. Principal Place of Business

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Suite, Apt. #, etc.

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City & State

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Delete
NAME	SILVA, ROBERT V	
STREET ADDRESS	200 CENTENNIAL AVE.	
CITY-STATE-ZIP	PISCATAWAY NJ 08854	
TITLE	V	☒ Delete
NAME	MAYER, ANDREW J JR.	
STREET ADDRESS	200 CENTENNIAL AVE.	
CITY-STATE-ZIP	PISCATAWAY NJ 08854	
TITLE	CT	☐ Delete
NAME	MARK, DOUG	
STREET ADDRESS	2310 PLAZA VII, 45 STH. 7TH STREET	
CITY-STATE-ZIP	MINNEAPOLIS MN 55402	
TITLE	DS	☒ OK
NAME	BECKER, SCOTT	
STREET ADDRESS	2310 PLAZA VII, 45 STH. 7TH STREET	
CITY-STATE-ZIP	MINNEAPOLIS MN 55402	
TITLE	D	☒ Delete
NAME	PICCO, GREGORY J	
STREET ADDRESS	435 GUS HIPP BLVD	
CITY-STATE-ZIP	ROCKLEDGE FL 32955	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	Vice-President/Finance	☐ Change ☒ Addition
NAME	George E. Manning	
STREET ADDRESS	4396 Waxwing Ct.	
CITY-STATE-ZIP	Boynton Beach, FL 33436	
TITLE	President/C.O.O.	☐ Change ☒ Addition
NAME	James P. O'Halloran	
STREET ADDRESS	105 Spring St.	
CITY-STATE-ZIP	Arlington, MA 02174	
TITLE	Director	☐ Change ☒ Addition
NAME	Brian Schneider	
STREET ADDRESS	2310 Plaza VII, 45 S. 7th St.	
CITY-STATE-ZIP	Minneapolis, MN 55402	
TITLE	Managing Director	☐ Change ☒ Addition
NAME	Charles Schroeder	
STREET ADDRESS	2310 Plaza VII, 45 S. 7th St.	
CITY-STATE-ZIP	Minneapolis, MN 55402	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/03 321-633-6040

Daytime Phone #