

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90098 044 ***150.00

002464

DOCUMENT # H86351
 1. Entity Name
FAB SERVCO, INC.

| | |
|---|---|
| Principal Place of Business 101 E COLLEGE AVE TALLAHASSEE FL 32301 US | Mailing Address 101 E COLLEGE AVE TALLAHASSEE FL 32301 US |
|---|---|

C0039457



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 800 North Calhoun Street | 3. Mailing Address 800 North Calhoun Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--|--|------------------------------------|-------------------------------|
| City & State Tallahassee, FL | City & State Tallahassee, FL | 4. FEI Number 59-2767302 | Applied For Not Applicable |
| Zip 32303 | Country | Zip 32303 | Country |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent
**ROBERTS, C. PATRICK
 101 E COLLEGE AVE
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
 Name
Roberts, C. Patrick
 Street Address (P.O. Box Number is Not Acceptable)
800 North Calhoun Street
 City **Tallahassee** FL Zip Code **32303**

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 DATE **3-16-01**
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.
 (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 | |
|---|--|
| TITLE NAME EDEN, ADIB | <input type="checkbox"/> Delete |
| STREET ADDRESS 3785 NW 82ND AVE STE 312 | |
| CITY-ST-ZIP MIAMI FL 33166 | |
| TITLE NAME PONTIUS, STEVE | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS 3719 CENTAL AVE | |
| CITY-ST-ZIP FORT MYERS FL 33901 | |
| TITLE NAME CALVO, MANNY | <input type="checkbox"/> Delete |
| STREET ADDRESS 5725 LAWTON DR | |
| CITY-ST-ZIP SARASOTA FL 34233 | |
| TITLE NAME MCGRAW, JOSH | <input type="checkbox"/> Delete |
| STREET ADDRESS 11700 CENTRAL PKWY | |
| CITY-ST-ZIP JACKSONVILLE FL 32224 | |
| TITLE NAME ROBERTS, PATRICK C | <input type="checkbox"/> Delete |
| STREET ADDRESS 101 E COLLEGE AVE - SUITE 301 | |
| CITY-ST-ZIP TALLAHASSEE FL 32301 | |
| TITLE NAME WOLFE, RONNA | <input type="checkbox"/> Delete |
| STREET ADDRESS 194 NW 187TH STREET | |
| CITY-ST-ZIP MIAMI FL 33169 | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME S Bill Bauman | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 1021 N. Wymore Rd. | |
| CITY-ST-ZIP Winter Park, FL 32789 | |
| TITLE NAME VC Manny Calvo | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 5725 Lawton Dr. | |
| CITY-ST-ZIP Sarasota, FL 34233 | |
| 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 D Ronna Wolfe | |
| CITY-ST-ZIP 194 NW 187th Street Miami, FL 33169 | |

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: DATE **3-16-01** DAYTIME PHONE # **681-6444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)