

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 227269

1. Entity Name

ADVANCED FABRICATORS, INC.

FILED

Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90290 031 \*\*\*150.00

Principal Place of Business

5141 SUMMIT BLVD.  
WEST PALM BEACH FL 33415

Mailing Address

P.O. BOX 15375  
WEST PALM BEACH FL 33416  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-0872939

Applied For

Not Applicable

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

RATHBUN, KYLE  
102 BEAUMONT LANE  
PALM BEACH GARDENS FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

6486 Nikki Way

City

Lake Worth

FL

33467

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

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 PD ☐ Delete  
NAME RATHBUN, KYLE  
STREET ADDRESS 102 BEAUMONT LANE  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ☒ Change ☐ Addition  
NAME KYLE RATHBUN  
STREET ADDRESS 6486 NIKKI WAY  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE STD ☐ Delete  
NAME RATHBUN, CHLOE  
STREET ADDRESS 6326 TALL CYPRESS CIRCLE  
CITY-ST-ZIP GREENACRES FL 33463

TITLE ☐ Change ☒ Addition  
NAME REX RATHBUN  
STREET ADDRESS 1140 RANCHETTE ROAD  
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 and have been authorized to file 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, and another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)