

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 341698

1. Entity Name

FAB HOMES OF FLORIDA, INC.

09-20-2000 90002 011 *****61.25
341698

FILED

00 SEP 20 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED REPORT

Principal Place of Business: POST OFFICE BOX 261173
TAMPA, FLORIDA 33685

Mailing Address: P.O. BOX 261173
TAMPA, FL. 33685

2. Principal Place of Business: Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1318210 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TASSINARI, RAYMOND L

7. Name and Address of New Registered Agent

Name: TASSINARI, DAVID A
Street Address (P.O. Box Number is Not Acceptable):
816 LUTZ LAKE ROAD
City: LUTZ FL Zip Code: 33549

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: DAVID A. TASSINARI PRESIDENT 9/16/00
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, 2000 Fee will be \$350.00
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: PTD NAME: RAYMOND L. TASSINARI STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: DAVID A. TASSINARI STREET ADDRESS: 816 LUTZ LAKE ROAD CITY-ST-ZIP: LUTZ, FLORIDA 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	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"/> Delete	TITLE: STD NAME: MICHAEL J. TASSINARI STREET ADDRESS: 309 WEST COMANCHE AVE. APT. A CITY-ST-ZIP: TAMPA, FLORIDA 33605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DAVID A. TASSINARI 9/16/00 813-948-2042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

9/20