

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 464846

1. Entity Name

FABMASTER INDUSTRIES, INC.

FILED

Apr 13, 2000 8:00 am  
Secretary of State

04-13-2000 90086 023 \*\*\*150.00

Principal Place of Business~

4350 N W 19TH AVENUE  
SUITE G  
POMPANO BEACH FL 33064  
US

Mailing Address~

4350 NW 19TH AVE  
SUITE G  
POMPANO FL 33064-8708  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1559113

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARBER, JAMES N  
34 NEEDLES DRIVE  
OCALA FL 34482

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

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 \$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 PD ☐ Delete  
NAME BARBER, JAMES N  
STREET ADDRESS 34 NEEDLES DR  
CITY-ST-ZIP Ocala FL 34482

TITLE D ☐ Delete  
NAME BARBER, J R  
STREET ADDRESS 2924 WATERS FORD DR  
CITY-ST-ZIP DEERFIELD FL

TITLE DS ☐ Delete  
NAME FLOYD, KIMBERLY A  
STREET ADDRESS 2817 SW 32ND AVE  
CITY-ST-ZIP Ocala FL 34474

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

VP, ☐ Change ☐ Addition  
NAME BARBER, J.R.  
STREET ADDRESS 3335 LAKE SHORE DRIVE  
CITY-ST-ZIP DEERFIELD Bch, FL 33442

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES N. BARBER

4-10-00

Date

352-861-4957

Daytime Phone #

CR2000 10/00