2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90698 008 ***150.00

DOCUMENT # 564488

1. Entity Name
FEHLHABER CORPORATION

Principal Place of Business
2020 W MCNAB ROAD
FT LAUDERDALE FL 33309

Mailing Address
2020 W MCNAB ROAD
FT LAUDERDALE FL 33309

☐ CHECK HERE IF MAKING CHANGES

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 13-1493240 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FEHLHABER, ROBERT F
2020 W MCNAB ROAD
FT LAUDERDALE FL 33309

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. 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

TITLE	PST ☐ Delete
NAME	FEHLHABER, ROBERT F
STREET ADDRESS	2020 W. MCNAB ROAD
CITY-ST-ZIP	FT LAUDERDALE, FL 0
TITLE	D ☐ Delete
NAME	FEHLHABER, ROBERT F.
STREET ADDRESS	2020 W. MCNAB ROAD
CITY-ST-ZIP	FT LAUDERDALE, FL 0
TITLE	D ☐ Delete
NAME	EATON, LILA A.
STREET ADDRESS	2020 W. MCNAB ROAD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VD ☐ Delete
NAME	FEHLHABER, JULIANA
STREET ADDRESS	2020 W MCNAB ROAD
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D ☐ Delete
NAME	COSTELLO, THOMAS M
STREET ADDRESS	1300 N FEDERAL HIGHWAY
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	☐ Change ☐ Addition
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: Juliana Fehlhaber (VP) 1/9/02 954-971-382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)