

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 621689

1. Entity Name

FILIGREE WIDESLAB OF FLORIDA, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90241 036 \*\*\*150.00

Principal Place of Business

Mailing Address

3501 S.W. 46TH AVE  
FT. LAUDERDALE FL 33314

3501 S.W. 46TH AVE  
FT. LAUDERDALE FL 33314-2218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1902890**

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

GLICKMAN, GARRY M  
1601 FORUM PLACE  
SUITE 1101  
WEST PALM BEACH FL 33401

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FAIRBROTHER, ROBERT</b> <b>2464 NW 64TH ST</b> <b>BOCA RATON FL 33496</b>	<input type="checkbox"/> Delete
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FAIRBROTHER, BRET R</b> <b>2464 NW 64TH ST</b> <b>BOCA RATON FL</b>	<input type="checkbox"/> Delete
TITLE-NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FAIRBROTHER, ROBERT</b> <b>2464 N.W. 64TH ST</b> <b>BOCA RATON FL</b>	<input type="checkbox"/> Delete
TITLE-NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE-NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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TITLE-NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: BY: *Bret R. Fairbrother* BY: **BRET R. FAIRBROTHER** **4/6/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)