

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F69822

1. Entity Name

*SABEC, INC.*



**FILED**

**Aug 25, 2003 8:00 am  
Secretary of State**

08-25-2003 90099 033 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1600 E CIRCUIT*

Suite, Apt. #, etc.

*PENSACOLA, FL*

City & State

Zip *32501*

Country *USA*

3. Mailing Address

*1600 E. CARVA*

Suite, Apt. #, etc.

*PENSACOLA, FL*

City & State

Zip *32501*

Country *USA*

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

*180442439*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional

Fee Required

7. Name and Address of Current Registered Agent

Name *Roxanne Queen*

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

*1600 E. CARVA*

City

*PENSACOLA*

FL

Zip Code *32501*

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 *Roxanne Queen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

*PRESIDENT*

*ROXANNE QUEEN*

*1600 E. CARVA*

*PENSACOLA, FL 32501*

TITLE

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 1C or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roxanne Queen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

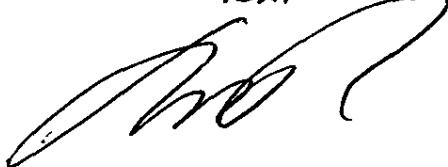
DATE

Daytime Phone #

Attachment#  
F69822  
80140867

I have never received A uniform business report for 2003. The company is Sabec Inc. fei#180442439.  
Please note the address is 1600 E. Larua St. Pensacola, Fl. The president is ~~Sam Becker~~ 1600 E. Larua  
St. Pensacola, Fl. 32501.

~~ROXANNE QUEEN~~



Sam Becker