

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90118 049 ***150.00

04/24/03 8:00 AM

DOCUMENT # F94000004923

1. Entity Name
FAGEN'S INC.



Principal Place of Business 9000 BROOK TREE ROAD PO BOX 658 ATTENTION: LIZ AFFUSO WEXFORD PA 15090 US	Mailing Address 9000 BROOKTREE RD. P.O. BOX 658 WEXFORD PA 15090
---	--

11011102



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **25-1482089** 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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTDC	<input type="checkbox"/> Delete
NAME	FAGEN, JACK	
STREET ADDRESS	9000 BROOKTREE RD.	
CITY-ST-ZIP	WEXFORD PA 15090	
TITLE	V	<input type="checkbox"/> Delete
NAME	MASSAGLIA, LOU	
STREET ADDRESS	9000 BROOKTREE RD.	
CITY-ST-ZIP	WEXFORD PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	VARGO, SAMUEL J	
STREET ADDRESS	9000 BROOKTREE RD.	
CITY-ST-ZIP	WEXFORD PA 15090	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARDEN, GARVIN	
STREET ADDRESS	9000 BROOKTREE RD.	
CITY-ST-ZIP	WEXFORD PA 15090	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03 **724-936-3700**
Date Daytime Phone #

CR2E034 (10/02)