## 2001 UNIFORM BUSINESS REPCRT (UBR)

SIGNATURE: .

## May 24, 2001 8:00 am Secretary of State DOCUMENT # **F98000005705** 05-24-2001 90491 040 \*\*\*158.75 FAB-TECH INDUSTRIES OF BREVARD, INC. Mailing Address Principal Place of Business 435 GUS HIPP BLVD 435 GUS HIPP BLVD 553811 ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3535302 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City FL 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 (NOT Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW !! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2( )1 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition **CCEO** TITLE ☐ Delete TITLE D SILVA, ROBERT V NAME NAME STREET ADDRESS STREET ADDRESS 200 CENTENNIAL AVE. CITY-ST-7IP CITY-ST-ZIP PISCATAWAY NJ 08854 Addition Change ☐ Delete TITLE TITLE v NAME MAYER, ANDREW J JR. NAME STREET ADDRESS STREET ADDRESS 200 CENTENNIAL AVE. CITY-ST-ZIP CITY-ST-ZIP PISCATAWAY NJ 08854 Change ☐ Delete CTTITLE NAME Döug Mark NAME STREET ADDRESS STREET ADDRESS 2310 Plaza VII, 45 South Seventh St. CITY-ST-ZIP CITY-ST-ZIP Minneapolis. MN 55402 X Addition ☐ Delete TITLE Change TITLE DS NAME NAME Scott Becker STREET ADDRESS STREET ADDRESS 2310 Plaza VII, 45 South Seventh St. CITY-ST-ZIE CITY-ST-ZIP Minneapolis, MN 55402 TITLE Change ☐ Delete TITLE NAME NAME Gregory J. Picco STREET ADDRESS STREET ADDRESS 435 Gus Hipp Blvd. CITY-ST-ZIP CITY-ST-ZIP Rockledge, FL 32955 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP rg soes not qualify to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that it is signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Hhereby certify that the information supplied with this filip indicated on this report or sur emental report is true a of the corporation or the rechanged, or on an attachn or trustee empov

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory J. Picco 5/21/01 321-633-6040