

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90264 016 \*\*\*150.00

**DOCUMENT # G73687**

**1. Entity Name**  
**FAMCO INDUSTRIES, INC.**

**Principal Place of Business**

**Mailing Address**

~~7675 NW 22ND ST.~~

~~7675 NW 22ND ST.~~

~~MARGATE FL 33063~~

~~MARGATE FL 33063~~

**2. Principal Place of Business**

**3. Mailing Address**

**10140 VESTAL COURT**

**10140 VESTAL COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Coral Springs, FL**

**City & State**

**Coral Springs, FL**

**Zip**

**33071**

**Country**

**USA**

**Zip**

**33071**

**Country**

**USA**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SLATKIN, SHELDON T ESQ**  
**9900 WEST SAMPLE RD., STE 400**  
**CORAL SPRINGS FL 33065**

**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, 2002 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** **PST** ☐ Delete  
**NAME** **DELFINO, SALVATORE J.**  
**STREET ADDRESS** **7675 NW 22 ST**  
**CITY-ST-ZIP** **MARGATE FL**

**TITLE** ☒ Change ☐ Addition  
**NAME** **10140 VESTAL COURT**  
**STREET ADDRESS** **Coral Springs, FL 33071**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** **V DELFINO, ANTHONY J.**  
**STREET ADDRESS** **3602 WOODSWALK BLVD.**  
**CITY-ST-ZIP** **LAKE WORTH FL 33467**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☒ Delete  
**NAME** **ROGER W. FOLKS**  
**STREET ADDRESS** **6330 KIMBERLY BLVD.**  
**CITY-ST-ZIP** **N. LAUDERDALE FL 33068**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**04-10-02 954.931.1392**

CR2E034 (9/01)