

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**  
 03-21-2001 90007 026 \*\*\*150.00

**DOCUMENT # H92632**

1. Entity Name  
**TECH FAB, INC.**

Principal Place of Business  
**1103 ROBIE ST.  
 MT. DORA FL 32757-6336**

Mailing Address  
**1103 ROBIE ST.  
 MT. DORA FL 32757-6336**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1125 LAKE DR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1125 LAKE DR.**  
 Suite, Apt. #, etc.

City & State  
**GRAND ISLAND FL.**  
 Zip  
**32735** Country  
**LAKE**

City & State  
**GRAND ISLAND FL**  
 Zip  
**32735** Country  
**LAKE**

4. FEI Number **59-2619672**

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**

**IANNONE, LYNNE A.  
 1103 ROBIE ST.  
 MT. DORA FL**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1125 LAKE DRIVE**  
**GRAND ISLAND**  
 City **FL** Zip Code **32735**

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 *Lynne A. Iannone* **LYNNE A. IANNONE S/T** 1-12-01  
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, 2001 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>IANNONE, DAVID J.</b> <b>17585 S.E. COUNTY RD 450</b> <b>UMATILLA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>IANNONE, LYNNE A.</b> <b>17585 S.E. COUNTY RD 450</b> <b>UMATILLA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>IANNONE, RONALD S.</b> <b>25725 TIMUQUANA DR.</b> <b>SORRENTO 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)(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: *Lynne A. Iannone* **LYNNE A. IANNONE** 1-12-01 352-669-1175  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)