

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000303

1. Entity Name
FAB SHOP LLC

FILED

01 MAR 26 PM 3:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% CHARLES C. OLIVER
5167 NA1A SUITE 305
FT. PIERCE FL 34949

Mailing Address

% CHARLES C. OLIVER
5167 NA1A SUITE 305
FT. PIERCE FL 34949

2. Principal Place of Business

4201 St. Lucie Blvd.
Suite, Apt. #, etc.

3. Mailing Address

5167 No. A1-A
Suite, Apt. #, etc.
#305

City & State

FT. PIERCE

City & State

FT. PIERCE

4. FEI Number

105-0968675

Applied For

Not Applicable

Zip

34946

Country

USA

Zip

34949

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLIVER, JANIE
% CHARLES C. OLIVER
5167 NA1A SUITE 305
FT. PIERCE FL 34949

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE OWNER ☐ Delete
NAME CHARLES C. OLIVER
STREET ADDRESS 5167 NO. A1-A, APT. 305
CITY-ST-ZIP FT. PIERCE, FL 34949

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE REGISTERED AGENT ☐ Change ☐ Addition
NAME JANIE R. OLIVER
STREET ADDRESS 5167 NO. A1-A, APT. 305
CITY-ST-ZIP FT. PIERCE, FL 34949

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400003329484--4
-03/29/01--01065--018
*****50.00 *****50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Charles C. Oliver *Charles C. Oliver* 03/09/01 561-4670011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)