

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90112 007 ***150.00

DOCUMENT # M79854

1. Entity Name
FABRI-TECH, INC.



Principal Place of Business
% WILLIAM D. BROWN
5556 HIGHLAND VISTA CIRCLE
LAKELAND FL 33813

Mailing Address
% WILLIAM D. BROWN
5556 HIGHLAND VISTA CIRCLE
LAKELAND FL 33813



2. Principal Place of Business
Fabri-Tech, Inc.

3. Mailing Address

Suite, Apt. #, etc.
P. O. Box 299

Suite, Apt. #, etc.

City & State
Mulberry, FL 33860

City & State

Zip Country
USA

Zip Country

4. FEI Number **59-2888195**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, WILLIAM D.
3816 ROYAL COURT SOUTH
LAKELAND FL 33813
5556 Highland Vista CR.
Lakeland, FL. 33813

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **DP** ☐ Delete
NAME **BROWN, WILLIAM D**
STREET ADDRESS **5556 HIGHLANDS VISTA CIRCLE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **STD** ☐ Change ☒ Addition
NAME **Joy B. Fowler**
STREET ADDRESS **5523 Highlands Vista Circle**
CITY-ST-ZIP **Lakeland, FL. 33813**

TITLE **DVP** ☐ Delete
NAME **BROWN, STEVEN D**
STREET ADDRESS **5309 OVERLOOK DRIVE**
CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE **STD** ☐ Delete
NAME **BROWN, WILMA J**
STREET ADDRESS **5556 HIGHLAND VISTA CIRCLE**
CITY-ST-ZIP **LAKELAND FL 33813**

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

TITLE **V** ☐ Delete
NAME **BROWN, LAMAR A**
STREET ADDRESS **158 OAK SQUARE SOUTH**
CITY-ST-ZIP **LAKELAND FL 33813**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

W. D. Brown

SIGNATURE:

William D. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-05 863-425-3533

CR2E034 (10/02)