

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90078 035 ***150.00

DOCUMENT # P00000074709

1. Entity Name
FIBER-GEL TECHNOLOGIES, INC.



Principal Place of Business
1011 CAMPUS DRIVE
MUNDELEIN, IL 60060

Mailing Address
1011 CAMPUS DRIVE
MUNDELEIN, IL 60060

2. Principal Place of Business
1011 CAMPUS DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1011 CAMPUS DRIVE
Suite, Apt. #, etc.



01262004 Chg-P CR2E034 (10/03)

City & State
MUNDELEIN, IL
Zip 60060 Country USA

City & State
MUNDELEIN, IL
Zip 60060 Country USA

4. FEI Number
59-3664783
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REIBER, SAM I
% LINSKY & REIBER ATTORNEYS AT LAW
3821 HENDERSON BLVD.
TAMPA, FL 33629

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. 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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	REIBER, SAM	
STREET ADDRESS	202 SOUTH WHEELER STREET	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	HALPERN, GREGORY J	
STREET ADDRESS	1011 CAMPUS DRIVE	
CITY-ST-ZIP	MUNDELEIN, IL 60060	
TITLE	CFOS	<input type="checkbox"/> Delete
NAME	DABNEY, DANA	
STREET ADDRESS	1011 CAMPUS DRIVE	
CITY-ST-ZIP	MUNDELEIN, IL 60060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFOS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DABNEY, DANA	
STREET ADDRESS	1011 CAMPUS DRIVE	
CITY-ST-ZIP	MUNDELEIN, IL 60060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04 847.549-6002
Date Daytime Phone #