

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93594 002 ***150.00

DOCUMENT # P01000 121965

1. Entity Name

FABIAN'S INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10801 COAKSCREW RD

3. Mailing Address

4100 CORPORATE SQ

Suite, Apt. #, etc.

#107

Suite, Apt. #, etc.

#163

City & State

ESTERO

FL

City & State

NAPLES

FL

Zip

33928

Country

LEE

Zip

34104

Country

COLLIER

DO NOT WRITE IN THIS SPACE

4. FEI Number

26-0002608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FABIAN BERTINA

Street Address (P.O. Box Number is Not Acceptable)

2161 17TH ST SW

City

NAPLES

FL

Zip Code

34117

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

PRESIDENT

FABIAN BERTINA

2161 17TH ST SW

NAPLES, FL 34117

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

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STREET ADDRESS

CITY- ST- ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

CR2E034B (12/01)