2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P95000015119 **DOCUMENT #**

1. Entity Name

CORFAB OF FLORIDA, INC.



FILED Feb 20, 2003 8:00 am Secretary of State 02-20-2003 90141 019 ***150.00

						600 WE 1							
Principal Place of Business 11361 TRADE COURT JACKSONVILLE FL 32256				Mailing Address 11361 TRADE COURT JACKSONVILLE FL 32256					i indiindh ire ihiri biin buni odki	. • • • • • • • • • • • • • • • • • • •			
2. Principal F	Place of Busines	3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 59-3299554 Applied For					
Zip Country			Zip Country			try		5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current				Pagistered Agent				7. Name and Address of New Registered Agent					
	o. Name at	id Address of Current	negister	eo Agent		Name		/. Ni	ame and Address of New Re	gistered A	gent		
						Name .							
WIENBARG, FRED W JR.				- · · · · · · · · · · · · · · · · · · ·			Street Address (P.O. Box Number is Not Acceptable)						
3205 FOREST BLVD.													
JACKSON	NVILLE FL 322	46											
0, 10, 1001	WILLE I'L OLL												
						City				FL	Zip Coo	le	
8. The above	named entity s	ubmits this statement fo	the purp	ose of changing its	registere	d office or rec	ristered	200	nt, or both, in the State of Flori		miliar with	and accord	
the obligat	tions of registere	ed agent.	p p	out or onlinging no	i ogiotore	od omoc or rog	<i>3</i> 1010100	agu	in, or sour, in the state of Flori	ua. raiiria	irilliai witii,	and accept	
SIGNATURE	Signature, typed or p	rinted name of registered agent a	ind title if app	olicable. (NOTE	: Registered	d Agent signature re	auired wh	en rein	nstating)	DATE			
				· · · · · · · · · · · · · · · · · · ·		···	<u></u>						
		FEE IS \$150.00							9. Election Campaign Final	neina	\$5.0	0 May Be	
		Fee will be \$550.00 lorida Department of	Ctata					-	Trust Fund Contribution.			to Fees	
	k rayable to r	orida Department of	State										
10.		OFFICERS AND	DIRECTO	RS	11.			ADD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
TITLE	PD			☐ Delete	TITLE						Change	Addition	
HAME	WIENBARG,	FRED W JR.			NAME	:						_	
STREET ADDRESS		LCRACKER ROAD			STREE	ET ADDRESS							
CITY-ST-ZIP	JACKSONVII	LE FL 32226			CITY-	ST-ZIP							
TITLE	ST			☐ Delete	TITLE] Change	☐ Addition	
NAME	WIENBARG,	PATRICIA .			NAME					,	onango		
STREET ADDRESS		LCRACKER ROAD				ET ADDRESS						(
CITY-ST-ZIP		LE FL 32226				ST-ZIP)	
TITLE		TL I C OLLEO			-								
NAME I	VP	MÉTA CAPA		Delete	TITLE	I			_	l	Change	☐ Addition	
STREET ADDRESS	WIENBARK,	NEITH H			" NAME	I				*			
CITY-ST-ZIP	105 S ROSC					ST-ZIP							
	PUNIE VEDI	RA BEAHC FL			1								
TITLE				Delete	TITLE					[Change	Addition	
NAME STREET ADDRESS					NAME	I						ļ	
CITY-ST-ZIP						T ADDRESS							
G117-51-21P		··			CHY-	ST-ZIP			7.714AV				
TITLE				Delete	TITLE	1					_ Change	☐ Addition	
NAME					NAME	II.							
STREET ADDRESS						T ADDRESS							
CITY-ST-ZIP					CITY-	ST-ZIP							
TITLE				☐ Delete	TITLE						Change	Addition	
NAME					NAME						90		
STREET ADDRESS						T ADDRESS							
CITY-ST-ZIP						ST-ZIP							
12. I hereby o	ertify that the int	formation supplied with	this filing	does not qualify for t	he even	nntion stated in	n Sectio	on 11	9.07/3Vi) Florida Statutos I fu	rthor cortifi	that the in	formation	

indicated on this report or supplied with this limit does not quality 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 requirer 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:

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