

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000025132**

1. Entity Name

FABACCO, INC.**FILED****Feb 24, 2000 8:00 am**
Secretary of State

02-24-2000 90030 023 ***150.00

Principal Place of Business

Mailing Address

**1125 PEPPERTREE DR.
SUITE 3A802
SARASOTA FL 34242****7350 S. TAMiami TRAIL
SUITE 219
SARASOTA FL 34231-7000
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0571603**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	MANNING, THOMAS J	1125 PEPPERTREE DR 3A802	SARASOTA FL 34242	<input type="checkbox"/> Delete			
DP	BLOUIN, JOSEPH D	1213 EASTLAND DR	STURGIS MI 49091	<input type="checkbox"/> Delete			
DST	MOWINSKI, JOSEPHINE A	18354 BLUE HERON DR W	NORTHVILLE MI 48167	<input type="checkbox"/> Delete			
D	PARKER, OWEN M	891 PERRY CREEK	MIO MI 48647	<input type="checkbox"/> Delete			
D	BIBER, MICHAEL J	2701 TROY CENTER DR #400	TROY MI 48084	<input type="checkbox"/> Delete			

13. 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 11 or Block 12 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

Date

Daytime Phone

CR2E034 (9/99)