

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90548 017 ***150.00

DOCUMENT # P95000025132

1. Entity Name
FABACCO, INC.



Principal Place of Business
**1125 PEPPERTREE DR.
SUITE 3A802
SARASOTA FL 34242**

Mailing Address
**PO BOX 554
NORTHVILLE MI 48167
US**



2. Principal Place of Business
360 Central Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg, FL

Zip

Country

Zip

Country

33701

USA

4. FEI Number **65-0571603**

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

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

Name

G. Kristin Delano

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

Stone, Biber, O'Toole & Delano, PL

360 Central Avenue, Suite 1320

City

St. Petersburg

FL

Zip Code

33701

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

4/9/03

**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 **DC** ☐ Delete
NAME **MANNING, THOMAS J**
STREET ADDRESS **1125 PEPPERTREE DR 3A802**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☒ Change ☐ Addition
NAME **P.O. Box 554**
STREET ADDRESS **Northville, MI 48167**
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **MANNING, TERRANCE J**
STREET ADDRESS **21985 PICADILLY CIRCLE**
CITY-ST-ZIP **NOVI MI 48375**

TITLE ☒ Change ☐ Addition
NAME **P.O. Box 554**
STREET ADDRESS **Northville, MI 48167**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **MOWINSKI, JOSEPHINE A**
STREET ADDRESS **18354 BLUE HERON DR W**
CITY-ST-ZIP **NORTHVILLE MI 48167**

TITLE ☒ Change ☐ Addition
NAME **P.O. Box 554**
STREET ADDRESS **Northville, MI 48167**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BIBER, MICHAEL J**
STREET ADDRESS **2701 TROY CENTER DR #400**
CITY-ST-ZIP **TROY MI 48084**

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.

SIGNATURE: **Terrance J. Manning**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

Date

248-348-2144

Daytime Phone #

CR2E034 (10/02)