

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007289

1. Entity Name

FARABEE INTERNATIONAL SALES AND SERVICE CO., INC

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90030 010 ***150.00

Principal Place of Business

Mailing Address

18480 GLADES CUT OFF RD
PT ST LUCIE FL 34987

18480 GLADES CUT OFF RD
P.O. BOX 13329
PT ST LUCIE FL 34987-2631

2. Principal Place of Business

18480 GLADES CUT OFF ROAD

Suite, Apt. #, etc.

3. Mailing Address

18480 GLADES CUT OFF ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PT ST LUCIE, FL

City & State

PT ST LUCIE, FL

4. FEI Number

65-0650683

Applied For

Not Applicable

Zip

34987

Country

Zip

34987

Country

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

FARABEE, DALE
18480 GLADES CUT OFF RD
PT ST LUCIE FL 34987

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 State

10. 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	FARABEE, DALE	18480 GLADES CUT OFF RD	PT ST LUCIE FL 34987	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

DALE FARABEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00 561 467 9585
Date Daytime Phone #

C:\R2\F034\9000