

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007289

1. Entity Name

FARABEE INTERNATIONAL SALES AND SERVICE CO., INC

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90147 038 \*\*\*150.00

954363



DO NOT WRITE IN THIS SPACE

Principal Place of Business

18480 GLADES CUT OFF RD  
PORT SAINT LUCIE FL 34987

Mailing Address

18480 GLADES CUT OFF RD  
PORT SAINT LUCIE FL 34987

2. Principal Place of Business

18480 GLADES CUT OFF ROAD

Suite, Apt. #, etc.

3. Mailing Address

18480 GLADES CUT OFF ROAD

Suite, Apt. #, etc.

City & State

PORT SAINT LUCIE, FL

City & State

PORT SAINT 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, 2001 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

TITLE PD ☐ Delete  
NAME FARABEE, DALE  
STREET ADDRESS 18480 GLADES CUT OFF RD  
CITY-ST-ZIP PT ST LUCIE FL 34987

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

3/31/01 402-792-2900  
Date Daytime Phone #

CR2E034 (10/00)