

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000003791

1. Entity Name

FSBO, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90055 031 ***150.00

Principal Place of Business

Mailing Address

219 LYLE LANE
BOYNE CITY MI 49712

P O BOX 866
BOYNE CITY MI 49712-0866

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

65-0812627

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

MALKASIAN, TED
3506 HUDSON LN
BOYNTON BCH FL 33462

Name Michael Malkasian

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

3423 NW 1st Court

City Gainesville

FL

Zip Code 32607

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

Michael Malkasian Michael Malkasian

4/4/00

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
☐ Delete

PSTD
MALKASIAN, SUSAN L
219 LYLE LANE, P O BOX 866
BOYNE CITY MI 44712

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Susan L. Malkasian Susan L. MALKASIAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/4/00

Daytime Phone #

231-582-6817

CR2E034 (9/99)