

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # P98000032614

1. Entity Name

FABOS, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90022 044 \*\*\*150.00

Principal Place of Business      Mailing Address  
708 WASHINGTON AVE.      708 WASHINGTON AVE.  
LEHIGH ACRES FL 33972-4117      LEHIGH ACRES FL 33972-4117

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      65-0828776      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SCHATZ, M.E.  
1140 LEE BLVD, #103  
LEHIGH FL 33936

7. Name and Address of New Registered Agent  
Name      CARL GRECO (Accountant)  
Street Address (P.O. Box Number is Not Acceptable)  
3949 Evans AV # 205  
City      Fort Myers      FL      Zip Code      33901

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

*Carl Greco*

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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKE, SIEGWARD A		NAME	BLANKE, SIEGWARD A	
STREET ADDRESS	1140 LEE BLVD, #103		STREET ADDRESS	708 Washington Ave	
CITY-ST-ZIP	LEHIGH FL 33936		CITY-ST-ZIP	Lehigh Acres, FL 33972-4117	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKE, RITA B		NAME	BLANKE-SCHOLZ, Rita B.	
STREET ADDRESS	1140 LEE BLVD, #103		STREET ADDRESS	708 Washington Ave	
CITY-ST-ZIP	LEHIGH FL 33936		CITY-ST-ZIP	Lehigh Acres, FL 33972-4117	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

4/1/00

Date

941-275-7766

Daytime Phone #

CR2E034 (9/99)