

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043980

1. Entity Name

FAB DEPOT, INC.

Principal Place of Business

3878 PROSPECT AVENUE
SUITE 8
RIVIERA BEACH FL 33404

Mailing Address

3878 PROSPECT AVENUE
SUITE 8
RIVIERA BEACH FL 32760-7923

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 65-0838451

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

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32114

Name

RICHARD R. IOTENSOHN

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

8 SOUTH STREET

City

TITUSVILLE

FL

Zip Code

32780

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 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|----------------------|-----------------------|-----------------------------|-------|------|----------------|-------------|
| P | IOTENSOHN, RICHARD R | 8 SOUTH STREET | TITUSVILLE FL 32780 | | | | |
| VT | CHABIS, RONALD P | 6153 POMPAO STREET | PALM BEACH GARDENS FL 33418 | | | | |
| S | DIMICK, KAREN E | 4367 WILLOW BROOK CIR | WEST PALM BEACH FL 33417 | | | | |
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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

Date

Daytime Phone #

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90005 028 ***150.00

C0083599



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)