

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90043 008 ***150.00

DOCUMENT # P99000009954

1. Entity Name

FAVREAU, INC.

Principal Place of Business

Mailing Address

1575 AVIATION CENTER PKWY.. #507
 DAYTONA BCH FL 32114

1575 AVIATION CENTER PKWY.. #507
 DAYTONA BCH FL 32114-3862

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

59-3554667

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAVREAU, DAVE
1575 AVIATION CENTER PKWY., #507
DAYTONA BCH FL 32114

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 **PD** Delete
 NAME **FAVREAU, DAVID**
 STREET ADDRESS **1575 AVIATION CTR. PKWY, #507**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **STD** Delete
 NAME **FAVREAU, EDIE**
 STREET ADDRESS **1575 AVIATION CTR. PKWY. #507**
 CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **VD** Delete
 NAME **BOHLKEN, ROSS**
 STREET ADDRESS **677 OSWEGO CT.**
 CITY-ST-ZIP **WINTER SPRINGS FL 32700**

TITLE **D** Delete
 NAME **SCHUPPAN, ADAM**
 STREET ADDRESS **95 CARIB DR.**
 CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE Delete
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NAME
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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2000
 Date

904-257-6121
 Daytime Phone #