

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90105 044 ***150.00

DOCUMENT # 849633

1. Entity Name

FABCO-AIR, INC.

Principal Place of Business

Mailing Address

3716 NE 49TH AVENUE
 GAINESVILLE FL 32609

3716 NE 49TH AVENUE
 GAINESVILLE FL 32609-1686

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2118021**

Applied For
 Not Applicable

Zip Country

Zip 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	V	<input type="checkbox"/> Delete
NAME	SCHMIDT, WILLIAM R	
STREET ADDRESS	3716 NE 49TH RD	
CITY-ST-ZIP	GAINESVILLE, FL 0	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUBBS, MICHAEL B	
STREET ADDRESS	345 PARK AVE., 23RD FL.	
CITY-ST-ZIP	NEW YORK, NY 0	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARKS, PIERCE JR.	
STREET ADDRESS	133 PEACHTREE ST, #4810	
CITY-ST-ZIP	ATLANTA, GA 0	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHMIDT, ALFRED W	
STREET ADDRESS	3716 NE 49TH RD	
CITY-ST-ZIP	GAINESVILLE, FL 0	
TITLE	STD	<input type="checkbox"/> Delete
NAME	EDWARDS, WARD	
STREET ADDRESS	133 PEACHTREE ST, #4810	
CITY-ST-ZIP	ATLANTA, GA 0	
TITLE	D	<input type="checkbox"/> Delete
NAME	RILEY, WILLIAM	
STREET ADDRESS	590 MADISON AVENUE, 26TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	
STREET ADDRESS	777 THIRD AVENUE 18TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	
STREET ADDRESS	91 BRISTLECONE COURT
CITY-ST-ZIP	AUGUSTA, GA 30909
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	
STREET ADDRESS	1156 LULLWATER ROAD
CITY-ST-ZIP	ATLANTA, GA 30307
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
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

1-19-00

Date

352-373-3576

Daytime Phone #