

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90034 006 ***150.00

DOCUMENT # 849633

1. Entity Name
FABCO-AIR, INC.

Principal Place of Business 3716 NE 49TH AVENUE GAINESVILLE FL 32609	Mailing Address 3716 NE 49TH AVENUE GAINESVILLE FL 32609
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-2118021**

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

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

7. Name and Address of New Registered Agent

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 _____ (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, 2002 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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, WILLIAM R	NAME	
STREET ADDRESS	3716 NE 49TH RD	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 0	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUBBS, MICHAEL B	NAME	
STREET ADDRESS	777 3RD AVE 18TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, PIERCE JR.	NAME	
STREET ADDRESS	91 BRISTLECONE COURI	STREET ADDRESS	
CITY-ST-ZIP	AUGUSTA GA 30909	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, ALFRED W	NAME	
STREET ADDRESS	3716 NE 49TH RD	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 0	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, LOUIS	NAME	
STREET ADDRESS	1156 LULLWATER ROAD	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30307	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, WILLIAM	NAME	
STREET ADDRESS	590 MADISON AVENUE, 26TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	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: William R. Schmidt **1-17-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)