

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90225 009 ***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**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **V SCHMIDT, WILLIAM R**
STREET ADDRESS **3716 NE 49TH RD**
CITY-ST-ZIP **GAINESVILLE, FL 0**

TITLE Change Addition
NAME
STREET ADDRESS **3716 NE 49 AVENUE**
CITY-ST-ZIP

TITLE Delete
NAME **D STUBBS, MICHAEL B**
STREET ADDRESS **777 3RD AVE 18TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10017**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D MARKS, PIERCE JR.**
STREET ADDRESS **91 BRISTLECONE COURI**
CITY-ST-ZIP **AUGUSTA GA 30909**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **P SCHMIDT, ALFRED W**
STREET ADDRESS **3716 NE 49TH RD**
CITY-ST-ZIP **GAINESVILLE, FL 0**

TITLE Change Addition
NAME
STREET ADDRESS **3716 NE 49 AVENUE**
CITY-ST-ZIP

TITLE Delete
NAME **STD EDWARDS, LOUIS**
STREET ADDRESS **1156 LULLWATER ROAD**
CITY-ST-ZIP **ATLANTA GA 30307**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D RILEY, WILLIAM**
STREET ADDRESS **590 MADISON AVENUE, 26TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE Change Addition
NAME
STREET ADDRESS **767 5th AVE 44 Floor**
CITY-ST-ZIP **NEW YORK, NY 10153**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.17.03

Date

352.373.3578

Daytime Phone #

CR2E034 (10/02)