

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90309 021 ***150.00

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DOCUMENT # F94000004353

1. Entity Name
FAGEN'S BUILDING CENTERS, INC.

Principal Place of Business
PO BOX 658 - 9000 BROOKTREE LANE
ATTENTION: LIZ AFFUSO
WEXFORD PA 15090
US

Mailing Address
P.O. BOX 658
9000 BROOKTREE ROAD
WEXFORD PA 15090

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1618509**

Applied For
 Not Applicable

Zip Country

Zip Country

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

CT CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DCPT	FAGEN, JACK		
9000 BROOKTREE ROAD	9000 BROOKTREE ROAD		
WEXFORD PA	WEXFORD PA		
D	WARDEN, GARVIN		
9000 BROOKTREE ROAD	9000 BROOKTREE ROAD		
WEXFORD PA	WEXFORD PA		
S	VARGO, SAM		
9000 BROOKTREE ROAD	9000 BROOKTREE ROAD		
WEXFORD PA 15090	WEXFORD PA 15090		
V	MASSAGLIA, LOU		
9000 BROOKTREE ROAD	9000 BROOKTREE ROAD		
WEXFORD PA 15090	WEXFORD PA 15090		

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: *Samuel J. Vargo* Samuel J. Vargo, Secy. 1/29/01 (724) 935-3700

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

CR2E034 (10/00)