

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90274 047 \*\*\*150.00

0062062 AB

**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**

**11013703**



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 **25-1618509**

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

SIGNATURE \_\_\_\_\_ (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	<b>DCPT</b>	<input type="checkbox"/> Delete
NAME	<b>FAGEN, JACK</b>	
STREET ADDRESS	<b>9000 BROOKTREE ROAD</b>	
CITY-ST-ZIP	<b>WEXFORD PA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WARDEN, GARVIN</b>	
STREET ADDRESS	<b>9000 BROOKTREE ROAD</b>	
CITY-ST-ZIP	<b>WEXFORD PA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>VARGO, SAM</b>	
STREET ADDRESS	<b>9000 BROOKTREE ROAD</b>	
CITY-ST-ZIP	<b>WEXFORD PA 15090</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MASSAGLIA, LOU</b>	
STREET ADDRESS	<b>9000 BROOKTREE ROAD</b>	
CITY-ST-ZIP	<b>WEXFORD PA 15090</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

724-936-3700

Daytime Phone #

CR2E034 (10/02)