2001 UNIFORM BUSINESS REPORT (UBR)

Mar 23, 2001 8:00 am Secretary of State **DOCUMENT # 320932** 1. Entity Name ABC RESEARCH CORPORATION 03-23-2001 90043 028 ***150.00 Principal Place of Business Mailing Address 2772 NW 43 ST. 2772 NW 43 ST. GAINESVILLE FL 32606 GAINESVILLE FL 32606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1198951 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent HOLDEN, CHARLES I. JR. Street Address (P.O. Box Number is Not Acceptable) 2772 NW 43 ST STE S **GAINESVILLE FL 32606** Zip Code of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named submits this statement for the purp . (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME BROWN, AGNES F. NAME STREET ADDRESS 3437 SW 24TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINSVILLE FL** TITLE ☐ Change TITLE ☐ Delete ■ Addition HOLDEN, CHARLES I JR. NAME NAME STREET ADDRESS 2772-NW ST. STE. S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINSVILLE FL 32606** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BROWN, RICHARD L. NAME STREET ADDRESS STREET ADDRESS 3437 SW 24TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **GAINSVILLE FL** TITLE PTD ☐ Delete Change ☐ Addition BROWN, WILLIAM L NAME STREET ADDRESS STREET ADDRESS 3437 SW 24TH AVENUE CITY-ST-ZIP CITY-ST-ZIP GAINSVILLE FL D ☐ Delete TITLE Change ☐ Addition NAME HART, ROGERS NAME STREET ADDRESS 3437 SW 24TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

FILED

SIGNATURE: William L. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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.