2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 08:00 AM
Secretary of State

DOCUMENT # **F92984**

1. Entity Name
A.B.A. INDUSTRIES, INC.

Principal Place of Business	Mailing Address
10260 US HWY. 19 NORTH	10260 US HWY. 19 NORTH
PINELLAS PARK FL 33782 US	PINELLAS PARK FL 34666

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **23-1932238** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MICHOLIK GREGORY J
10260 US HWY. 19 NORTH
PINELLAS PARK FL
33782 US

7. Name and Address of New Registered Agent

Name
TREHY GAIL J
Street Address (P.O. Box Number is Not Acceptable)
10260 US HWY. 19 NORTH
City PINELLAS PARK **FL** Zip Code 33782

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 **GAIL TREHY** **09/21/2001**
Signature, typed or printed name of registered agent and title if applicable. (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, 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			
TITLE	VP		☐ Delete	TITLE			☐ Change ☐ Addition
NAME	BARNES STEVEN			NAME			
STREET ADDRESS	10260 US HWY 19N			STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK	FL 33776		CITY-ST-ZIP			
TITLE	D		☐ Delete	TITLE	D		☒ Change ☐ Addition
NAME	DONER MICHAEL			NAME	REYNOLDS CHRISTOPHER		
STREET ADDRESS	10260 US HWY 19 N			STREET ADDRESS	10260 US HWY 19 N		
CITY-ST-ZIP	PINELLAS PARK	FL 33776		CITY-ST-ZIP	PINELLAS PARK	FL 33776	
TITLE	TS		☐ Delete	TITLE	TS		☒ Change ☐ Addition
NAME	MICHALIK GREGORY J			NAME	TREHY GAIL J		
STREET ADDRESS	10260 US HWY 19 N			STREET ADDRESS	10260 US HWY 19 N		
CITY-ST-ZIP	PINELLAS PARK	FL 33776		CITY-ST-ZIP	PINELLAS PARK	FL 33776	
TITLE	D		☐ Delete	TITLE			☐ Change ☐ Addition
NAME	BELANGER REAL			NAME			
STREET ADDRESS	755 THURBER			STREET ADDRESS			
CITY-ST-ZIP	LONGUEUIL, QUEBEC, CA			CITY-ST-ZIP			
TITLE	D		☐ Delete	TITLE			☐ Change ☐ Addition
NAME	LABBE, GILLES			NAME			
STREET ADDRESS	755 THURBER STREET			STREET ADDRESS			
CITY-ST-ZIP	LONGUEIL, QUEBEC CA			CITY-ST-ZIP			
TITLE	P		☐ Delete	TITLE			☐ Change ☐ Addition
NAME	COOK ALVIN E			NAME			
STREET ADDRESS	10260 U.S. HWY. 19 N.			STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK	FL 33782		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: GAILTREHY TS 09/21/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)