2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State
05-18-2000 90329 050 ***150.00

DOCUMENT # F94000001429

1. Entity Name

ABCO TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
4306 E COLUMBUS DR TAMPA FL 33605 US	4306 E COLUMBUS DR TAMPA FL 33605-3231 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20537 US HWY 301 NORTH Suite, Apt. #, etc.	20537 US HWY 301 NORTH Suite, Apt. #, etc.
City & State: DADE CITY FL	City & State: DADE CITY FL
Zip: 33523 Country: USA	Zip: 33523 Country: USA

4. FEI Number 59-3206435 ☐ Applied For ☐ Not Applicable

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
ABERNATHY, NORMA 3435 FOXHALL DR. HOLIDAY FL 34691	Name: NORMA ABERNATHY Street Address (P.O. Box Number is Not Acceptable): 6226 PENNA STREET SPRING HILL City: FL Zip Code: 34609

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 _____
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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ABERNATHY, LESTER G 3435 FOXHALL DR. HOLIDAY FL 34691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6226 PENNA STREET SPRING HILL FL 34609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ABERNATHY, NORMA J 3435 FOXHALL DR. HOLIDAY FL 34691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6226 PENNA STREET SPRING HILL FL 34609	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLEVEL, JOSEPH J 6305 MARBELLA BLVD APOLLO BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	262 APOLLO BEACH BLVD APOLLO BEACH FL 33572	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Norma Abernathy 4-21-00 352-583-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #