

FILED
Aug 13, 2002 8:00 am
Secretary of State

05-28-2002 91540 014 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23039

1. Entity Name

ABBEY PROPERTY OWNERS, INC.

Principal Place of Business

502 SOUTH WILLOW AVE.
UNIT #4
TAMPA FL 33606

Mailing Address

502 SOUTH WILLOW AVE.
UNIT #4
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3373214

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

ROCK, JOANNE
502 SOUTH WILLOW AVE.
UNIT #4
TAMPA FL 33606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE TD
NAME ROCK, JOANNE ☐ Delete
STREET ADDRESS 502 S. WILLOW AVE. #4
CITY-ST-ZIP TAMPA FL 33606

TITLE PD
NAME HUNTER, STUART ☐ Delete
STREET ADDRESS 502 S WILLOW AVENUE, #8
CITY-ST-ZIP TAMPA FL 33606

TITLE D
NAME MAZZARA, GLORIA ☒ Delete
STREET ADDRESS 502 S WILLOW AVE., #10
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE chickline D ☒ Change ☒ Addition
NAME 502 S. Willow Ave., #5
STREET ADDRESS Tampa, FL 33606
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 617, 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 OF REGISTERED AGENT JOANNE ROCK

5/19/02

813.948.6823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #