

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0063403

DOCUMENT # N99000000481

1. Entity Name

ABILITIES AT CASABLANCA, INC.

03-08-2001 90029 032 ****61.25

Principal Place of Business

2735 WHITNEY ROAD
 CLEARWATER FL 33760

Mailing Address

2735 WHITNEY ROAD
 CLEARWATER FL 33760

817269



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3555090

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDONATO, WILLIAM JR.
 2735 WHITNEY ROAD
 CLEARWATER FL 33760

7. Name and Address of New Registered Agent

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 reinstating)

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: DP Delete
 NAME: ATTEBERRY, WILLIAM
 STREET ADDRESS: 2735 WHITNEY ROAD
 CITY-ST-ZIP: CLEARWATER FL 33760

TITLE: DST Delete
 NAME: HUMBURG, JACK
 STREET ADDRESS: 2735 WHITNEY ROAD
 CITY-ST-ZIP: CLEARWATER FL 33760

TITLE: DST Delete
 NAME: SANDONATO, WILLIAM JR.
 STREET ADDRESS: 2735 WHITNEY ROAD
 CITY-ST-ZIP: CLEARWATER FL 33760

TITLE: D Delete
 NAME: NEVILLE, MIKE
 STREET ADDRESS: 2735 WHITNEY ROAD
 CITY-ST-ZIP: CLEARWATER FL 33760

TITLE: D Delete
 NAME: LEONARDO, KAREN P
 STREET ADDRESS: 2735 WHITNEY ROAD
 CITY-ST-ZIP: CLEARWATER FL 33760

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: VP D Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: P D 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:

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/01

(727) 538-7370

Date

Daytime Phone #

CR2E037 (10/00)