


2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90897 001 *****8.75
05-05-2003 90897 002 ***150.00

DOCUMENT # *PO1000000101*

1. Entity Name
American Bowling Standard, Inc.



55037371

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1970 E. Osceola Pkwy
Suite, Apt. #, etc.
353

3. Mailing Address
1970 E. Osceola Pkwy
Suite, Apt. #, etc.
353

DO NOT WRITE IN THIS SPACE

City & State
Kissimmee FL

City & State
Kissimmee, FL

4. FEI Number
59-3714477

Applied For
 Not Applicable

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

Zip
34743 Country
USA Zip
34743 Country
USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
DAVYDOV, VLADIMIR

Street Address (P.O. Box Number is Not Acceptable)
1970 E. OSCEOLA PKWY, # 353

City
Kissimmee FL Zip Code
34743

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P</i> <i>DAVYDOV, VLADIMIR</i> <i>13349 GREENPOINTE DR.</i> <i>ORLANDO, FL 32824</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>M</i> <i>OLEYNIKOVA, TATYANA</i> <i>13349 GREENPOINTE DR.</i> <i>ORLANDO, FL 32824</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like employees.

SIGNATURE: *[Signature]* - *(VLADIMIR DAVYDOV)* 04/28/03 (407) 816-1306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)