

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000027973

1. Entity Name
 ABKEY NO. 15, INC.

| | |
|---|---|
| Principal Place of Business 3444-48 MAIN HIGHWAY COCONUT GROVE FL 332330927 | Mailing Address P.O. BOX 330927 COCONUT GROVE US FL 332330927 |
|---|---|

| | |
|--|---|
| 2. Principal Place of Business 3444-48 MAIN HIGHWAY Suite, Apt. #, etc. 3RD FLOOR | 3. Mailing Address Suite, Apt. #, etc. |
|--|---|

| | |
|----------------------------------|--------------|
| City & State COCONUT GROVE FL | City & State |
| Zip 332330927 | Country |

| | |
|---|--|
| 4. FEI Number 65-0666878 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
 201 S. BISCAYNE BOULEVARD
 1600 MIAMI CENTER
 MIAMI FL 33131 US

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 _____ DATE **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV AMOS JEFFREY <input type="checkbox"/> Delete 113 PINNACLE PL SMYRNA TN 37167 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST AMOS BETTY G <input type="checkbox"/> Delete 3444-48 MAIN HIGHWAY COCONUT GROVE FL 332330927 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV AMOS JEFFREY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2407 DELANO MURFREESBORO TN 37130 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD AMOS BETTY G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3444-48 MAIN HIGHWAY COCONUT GROVE FL 332330927 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: BETTY G. AMOS **PSTD** 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)