

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000770

1. Entity Name

ABC DEVELOPMENT, INC. OF CENTRAL FLORIDA

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90039 047 ***150.00

Principal Place of Business

Mailing Address

P O BOX 149394
 ORLANDO FL 32814

P O BOX 149394
 ORLANDO FL 32814-9394

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3429697

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHUMWAY, AMY M
 2931 FORSYTH RD
 UNIT 107
 WINTER PARK FL 32792

Name SHUMWAY, AMY M

Street Address (P.O. Box Number is Not Acceptable)

2450 N. FORSYTH RD

City ORLANDO

FL

Zip Code 32807

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

Amy M Shumway

1-28-00

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 Delete
 NAME D SHUMWAY, AMY M.
 STREET ADDRESS P O BOX 149394 N/A
 CITY-ST-ZIP ORLANDO FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D SHUMWAY, CRAIG S
 STREET ADDRESS P O BOX 149394 N/A
 CITY-ST-ZIP ORLANDO FL 32814

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-2000

Date

407-671-6000

Daytime Phone #

CR2E034 (9/99)