


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

**DOCUMENT # V33260**

1. Entity Name  
**ABC DEMOLITION, INC.**



Principal Place of Business  
**230 BENSON JUNCTION RD  
DEBARY FL 32713  
US**

Mailing Address  
**PO BOX 530457  
DEBARY FL 32753  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3119609**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KUEHNE, KATHLEEN R P.A.  
PO BOX 530457  
DEBARY FL 32753**

7. Name and Address of New Registered Agent

Name  
**KATHLEEN KUEHNE**

Street Address (P.O. Box Number is Not Acceptable)  
**138 PINETREE DRIVE**

City  
**DEBARY**

State  
**FL**

Zip Code  
**32713**

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 *Kathleen Kuehne*

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

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KUEHNE, KATHLEEN</b>	
STREET ADDRESS	<b>138 PINETREE DR</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KUEHNE, LANCE</b>	
STREET ADDRESS	<b>138 PINETREE DR</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
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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 607, 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: *Kathleen Kuehne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-3-03 386 668-9911**

Date Daytime Phone #

CR2E034 (10/02)