

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90109 008 ***150.00

DOCUMENT # P97000040135

1. Entity Name

A.B.Y.L.E. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

10506 WOODLAND DRIVE
 HUDSON FL 34669

10506 WOODLAND DRIVE
 HUDSON FL 34669-2121

2. Principal Place of Business

7236 S.R. 52

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 8

City & State

City & State

Hudson, FL.

4. FEI Number

59-3448588

Applied For

Not Applicable

Zip

Country

Zip

Country

34667

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZEOLI, SAM JR.
8413 JACARANDA AVE.
SEMINOLE FL 33777-3619

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

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 **PD**
ODELL, LINDA G
 STREET ADDRESS **10506 WOODLAND DR**
 CITY-ST-ZIP **HUDSON FL 34669**

TITLE Change Addition
 NAME **P/S/D**
Odell, Linda G.
 STREET ADDRESS **10506 Woodland Dr.**
 CITY-ST-ZIP **Hudson, FL. 34669**

TITLE Delete
 NAME **VPD**
DENNISON, WILLIAM L
 STREET ADDRESS **10506 WOODLAND DR**
 CITY-ST-ZIP **HUDSON FL 34669**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD**
ZEOLI, SAM JR
 STREET ADDRESS **8413 JACARANDA AVE**
 CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
DENNISON, WILLIAM L JR.
 STREET ADDRESS **10506 WOODLAND DR**
 CITY-ST-ZIP **HUDSON FL 34669**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Linda G. Odell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2000

727-697-1080

Date

Daytime Phone #

CR2E034 19/99