

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92984

1. Entity Name

A.B.A. INDUSTRIES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90136 046 ***150.00

Principal Place of Business

Mailing Address

10260 US HWY. 19 NORTH
 PINELLAS PARK FL 33782
 US

10260 US HWY. 19 NORTH
 PINELLAS PARK FL 33782-3416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-1932238**

Applied For

Not Applicable

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

MICHOLOK, GREGORY J
 10260 US HWY. 19 NORTH
 PINELLAS PARK FL 33782

Name **JAMES L. CRUZ**
 Street Address (P.O. Box Number is Not Acceptable)
10260 US HWY NORTH
 City **PINELLAS PARK** **FL** Zip Code **33782**

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] **JAMES L. CRUZ**

2-17-2000

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	P	<input type="checkbox"/> Delete
NAME	COOK, ALVIN E	
STREET ADDRESS	10260 U.S. HWY. 19 N.	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	D	<input type="checkbox"/> Delete
NAME	LABBE, GILLES	
STREET ADDRESS	755 THURBER STREET	
CITY-ST-ZIP	LONGUEIL, QUEBEC CA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELANGER, REAL	
STREET ADDRESS	755 THURBER	
CITY-ST-ZIP	LONGUEUIL, QUEBEC, CA	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	MICHALIK, GREGORY J	
STREET ADDRESS	10260 US HWY 19 N	
CITY-ST-ZIP	PINELLAS PARK FL 33776	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONER, MICHAEL	
STREET ADDRESS	10260 US HWY 19 N	
CITY-ST-ZIP	PINELLAS PARK FL 33776	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARNES, STEVEN	
STREET ADDRESS	10260 US HWY 19N	
CITY-ST-ZIP	PINELLAS PARK FL 33776	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES L. CRUZ	
STREET ADDRESS	10260 US HWY 19 N	
CITY-ST-ZIP	PINELLAS PARK FL 33776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **MICHAEL DONER** **2/24/00** **(727) 546-3571**

Date

Daytime Phone #

CR2E034 (9/99)