

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083674

1. Entity Name

A.B.B. OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

17595 SOUTH TAMiami TRAIL #108.4
FORT MYERS FL 33908

Mailing Address

17595 SOUTH TAMiami TRAIL #108.4
FORT MYERS FL 33908

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

POCKRANDT, ROBERT
17595 SOUTH TAMiami TRAIL #108.4
FORT MYERS FL 33908

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: *Robert Pockrandt* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 1/12/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEES \$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 | D | <input type="checkbox"/> Delete |
| NAME | POCKRANDT, ROBERT | |
| STREET ADDRESS | 17595 SOUTH TAMiami TRAIL #108.4 | |
| CITY-ST-ZIP | FORT MYERS FL 33908 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POCKRANDT, ROBERT | |
| STREET ADDRESS | 17595 SOUTH TAMiami TRAIL #108 | |
| CITY-ST-ZIP | FORT MYERS, FL 33908 | |
| TITLE | Vice Pres/Secy | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MONROE, TERRY | |
| STREET ADDRESS | 17595 SOUTH TAMiami TRAIL #108 | |
| CITY-ST-ZIP | FORT MYERS, FL 33908 | |
| TITLE | Vice Pres | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RIETBERGEN, STEPHANUS W. | |
| STREET ADDRESS | 17595 SOUTH TAMiami TRAIL #108 | |
| CITY-ST-ZIP | FORT MYERS, FL 33908 | |
| 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 | | |

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: *Robert Pockrandt* Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1/12/01 941-765-1300 Daytime Phone #

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90087 044 ***150.00

702757



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)