

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

01-31-2001 90003 041 ****61.25

DOCUMENT # 743656

1. Entity Name

ABBA FARMS, INC.

Principal Place of Business

Mailing Address

32901 LEONARD RD.
 PO BOX 477
 SAN ANTONIO FL 33576
 US

LEONARD LANE
 PO BOX 477
 SAN ANTONIO FL 33576

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1836934

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PERRONE, RONALD S
 LEONARD LANE
 P. O. BOX 477
 SAN ANTONIO FL 33576

32901 Leonard Rd,

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME VD
 STREET ADDRESS PERRONE, VINCENT
 CITY-ST-ZIP 32901 LEONARD LANE P.O. BOX 477
 SAN ANTONIO FL

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GANIM, JOSEPH
 CITY-ST-ZIP 315 JOSEPH STREET
 S CHARLESTON, W VA 00000 25303

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

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS PERRONE, RONALD S
 CITY-ST-ZIP 32901 LEONARD LANE P.O. BOX 477
 SAN ANTONIO, FL 00000 33576

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

TITLE ☐ Delete
 NAME STD
 STREET ADDRESS PERRONE, SYLVIA
 CITY-ST-ZIP 32901 LEONARD LANE P.O. BOX 477
 SAN ANTONIO, FL 00000 33576

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

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 617, 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:

Sylvia V. Perrone

Sylvia V. Perrone
 1-17-01

352-588-5035

OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)