

2001 UNIFORM BUSINESS REPORT (UBR)

0066677

DOCUMENT # P99000014604

1. Entity Name
ABORTION BY PILL, INC.

FILED
01 MAY 29 PM 4: 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE *ac 5/29*

Principal Place of Business
**1103 LUCERNE TERRACE
ORLANDO FL 32806**

Mailing Address
**1103 LUCERNE TERRACE
ORLANDO FL 32806**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
609 VIRGINIA DRIVE
Suite, Apt. #, etc.

City & State

City & State
ORLANDO FLORIDA

4. FEI Number **59-3561203**

Applied For
 Not Applicable

Zip Country

Zip Country
32803 ORANGE

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

6. Name and Address of Current Registered Agent

**PENDERGRAFT, JAMES S
1103 LUCERNE TERRACE
ORLANDO FL 32806**

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 _____ (NOT) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating.

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

FILE NOW!
After **MAY 1, 2001**
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	PENDERGRAFT, JAMES	
STREET ADDRESS	1103 LUCERNE TERRACE	
CITY-ST-ZIP	ORLANDO FL 32806	
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	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES S. PENDERGRAFT, IV	
STREET ADDRESS	1103 LUCERNE TERRACE	
CITY-ST-ZIP	ORLANDO FL, 32806	
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		

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******150.00 ****150.00**

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 I, **JAMES S. PENDERGRAFT, IV**, of the corporation or the receiver or trustee empowered to execute this report is 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: *James S. Pendergraft, IV* **JAMES S. PENDERGRAFT, IV** 5/23/01 (407) 228-2808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DIRECTOR Date Daytime Phone #

CR2E034 (10/00)