

# 2001 UNIFORM BUSINESS REPORT (UBR)

0065677

DOCUMENT # P99000014604

1. Entity Name

ABORTION BY PILL, INC.

Principal Place of Business

1103 LUCERNE TERRACE  
ORLANDO FL 32806

Mailing Address

1103 LUCERNE TERRACE  
ORLANDO FL 32806

2. Principal Place of Business

3. Mailing Address

609 VIRGINIA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

Zip

Country

Zip

32803

Country

ORANGE

4. FEI Number

59-3561203

Applied For  
Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT)

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!  
After MAY 1, 2001  
Make Check Payable to Department of State

FEE IS \$150.00  
If Fee will be \$550.00  
to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P  
NAME PENDERGRAFT, JAMES  
STREET ADDRESS 1103 LUCERNE TERRACE  
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S/D  
NAME JAMES S. PENDERGRAFT, IV  
STREET ADDRESS 1103 LUCERNE TERRACE  
CITY-ST-ZIP ORLANDO FL, 32806 ☒ Change ☐ Addition

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

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

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

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

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

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 am an officer or director of the corporation or the receiver or trustee empowered to execute this report 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

JAMES S. PENDERGRAFT, IV 5/23/01 (402) 228-2808

Date

Daytime Phone #

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



DO NOT WRITE IN THIS SPACE

ac 5/29

CR2E034 (10/00)