

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90388 042 \*\*\*150.00

**DOCUMENT # F92984****1. Entity Name**  
**A.B.A. INDUSTRIES, INC.****Principal Place of Business****10260 US HWY. 19 NORTH**  
**PINELLAS PARK FL 33782**  
**US****Mailing Address****10260 US HWY. 19 NORTH**  
**PINELLAS PARK FL 34666****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** **23-1932238**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****TREHY, GAIL J**  
**10260 US HWY. 19 NORTH**  
**PINELLAS PARK FL 33782****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.

(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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>COOK, ALVIN E</b>	
STREET ADDRESS	<b>10260 U.S. HWY. 19 N.</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33782</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LABBE, GILLES</b>	
STREET ADDRESS	<b>755 THURBER STREET</b>	
CITY-ST-ZIP	<b>LONGUEIL, QUEBEC CA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BELANGER, REAL</b>	
STREET ADDRESS	<b>755 THURBER</b>	
CITY-ST-ZIP	<b>LONGUEUIL, QUEBEC, CA</b>	
TITLE	<b>TS</b>	<input type="checkbox"/> Delete
NAME	<b>TREHY, GAIL J</b>	
STREET ADDRESS	<b>10260 US HWY 19 N</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33776</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REYNOLDS, CHRISTOPHER</b>	
STREET ADDRESS	<b>10260 US HWY 19 N</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33776</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BARNES, STEVEN</b>	
STREET ADDRESS	<b>10260 US HWY 19N</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33776</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Date

Daytime Phone #

**1-18-02 727-546-3571**

CR2E034 (9/01)