

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90015 001 \*\*\*\*\*8.75  
 05-06-2002 90015 002 \*\*\*150.00

**DOCUMENT # P94000059379**

1. Entity Name

ABC SALES AND LEGMAN SERVICES, INC.

Principal Place of Business

18060 N. TAMiami TRAIL  
 N. FORT MYERS FL 33917  
 US

Mailing Address

18060 N. TAMiami TRAIL  
 N. FORT MYERS FL 33917  
 US

2. Principal Place of Business

4597 HWY 70 West  
 Suite, Apt. #, etc.  
 # 2

3. Mailing Address

4597 HWY 70 West  
 Suite, Apt. #, etc.  
 # 2

City & State

ARCADIA FL

City & State

ARCADIA FL

Zip

34266

Country

Desoto

Zip

34266

Country

Desoto

4. FEI Number

65-0515379

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CHILA, JEAN

18060 W TAMiami TRAIL  
 NORTH FT MYERS FL 33917

7. Name and Address of New Registered Agent

Name NOEL CLARK JR.

Street Address (P.O. Box Number is Not Acceptable)

4597 HWY 70 West

City

ARCADIA

FL

Zip Code

34266

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

Noel Clark Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-2002  
 4-20-2002

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

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	CHIA, JENN	
STREET ADDRESS	18060 N. TAMiami TRAIL	
CITY-ST-ZIP	N. FORT MYERS FL 33917	
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
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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	P.S.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOEL CLARK JR	
STREET ADDRESS	4597 HWY 70 West	
CITY-ST-ZIP	ARCADIA, FL 34266	
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
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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:

Noel Clark Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOEL CLARK JR

Date

Daytime Phone #

2-20-2002

CR2E034 (9/01)