

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90140 015 ***150.00

DOCUMENT # P01000050546

1. Entity Name
ABBS MOBILE AUTO GLASS, INC.

Principal Place of Business
**3339 EISENHOWER DRIVE
 HOLIDAY FL 34691**

Mailing Address
**3339 EISENHOWER DRIVE
 HOLIDAY FL 34691**

80113636



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2632 Almond Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holiday FL.

4. FEI Number

59-3723877

Applied For

Not Applicable

Zip

Country

Zip

Country

34691

PASCO

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

**ABBRIANO, GENE
 3339 EISENHOWER DRIVE
 HOLIDAY FL 34691**

Name

Gene Abbriano

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

2632 Almond Dr.

City

Holiday, FL. 34691/FL

Zip Code

34691

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

Gene Abbriano

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 NAME ☐ Delete
ABBRIANO, GENE
 STREET ADDRESS **3339 EISENHOWER DRIVE**
 CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE NAME ☒ Change ☐ Addition
2632 Almond Dr.
 STREET ADDRESS **Holiday, FL. 34691**
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
 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:

Gene Abbriano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)