

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90117 015 ***150.00

DOCUMENT # **P02000071772**



1. Entity Name
ABBY ROAD SERVICES, INC.

90014136



Principal Place of Business
~~5488 12TH AVE N~~
~~ST PETERSBURG FL 33710~~

Mailing Address
~~5488 12TH AVE N~~
~~ST PETERSBURG FL 33710~~

2. Principal Place of Business
235 15TH AVE NE
Suite, Apt. #, etc.

3. Mailing Address
235 15TH AVE NE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
ST. PETERSBURG, FL
Zip
33704
Country
PINELLAS

City & State
ST. PETERSBURG, FL
Zip
33704
Country
PINELLAS

4. FEI Number
38-3654643

Applied For
 Not Applicable

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

WATTS, KEN
~~5488 12TH AVE N~~
~~ST PETERSBURG FL 33710~~

Name
Street Address (P.O. Box Number is Not Acceptable)
235 15TH AVE NE
City
ST. PETERSBURG **FL** Zip Code
33704

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-03
Date

727-550-1060
Daytime Phone #

CR2E034 (10/02)