

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

5/

05-02-2003 90564 037 ****50.00

DOCUMENT # L01000015206	
1. Entity Name A.B.S., LLC	

Principal Place of Business 3439 MAGGIE BLVD ORLANDO FL 32811	Mailing Address 3439 MAGGIE BLVD ORLANDO FL 32811
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44002508



☐ CHECK HERE IF MAKING CHANGES

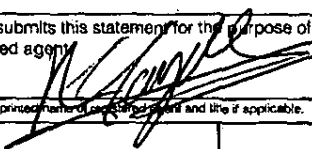
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3747531	Applied For ☐ Not Applicable
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5. Name and Address of Current Registered Agent WILES, STEVE VAN 7308 WOODKNOT CT ORLANDO FL 32835-2705	
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
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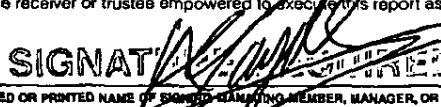
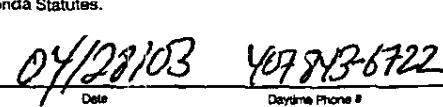
6. Name and Address of New Registered Agent ROMAN GONZALES 4825 KINGSTON CIR KISSIMMEE FL 34746	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 05/23/03
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARRIBAS, RUDY JAY 837 CHICHESTER ST ORLANDO FL 32803 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARRIBAS, RUDY JAY 670 EAST LAKE SUE WINTER PARK FL 32789 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALES, ROMAN 4825 KINGSTON CIR KISSIMMEE FL 34746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BASA, JOSE 3211 FOREST CREST COURT OCFEE FL 34761 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 04/28/03 Daytime Phone # 407 813-6722

CR2E083 (10/02)