

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 262819

1. Entity Name  
ABC REALTY, INC.

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90032 032 \*\*\*150.00

Principal Place of Business  
2925 SANLAN RANCH DRIVE  
LAKELAND FL 33813

Mailing Address  
2925 SANLAN RANCH DRIVE  
LAKELAND FL 33813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1026451

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLLOWAY, JR. E. EDWARD  
2925 SANLAN RANCH DRIVE  
LAKELAND FL 33813-1226

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 PD  
NAME HOLLOWAY JR, E EDWARD  
STREET ADDRESS 2925 SANLAN RANCH DRIVE  
CITY-ST-ZIP LAKELAND FL ☐ Delete

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

TITLE STD  
NAME HOLLOWAY, MARY ANN  
STREET ADDRESS 2925 SANLAN RANCH DR.  
CITY-ST-ZIP LAKELAND FL ☐ Delete

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

TITLE D  
NAME TROIANO, D.A.  
STREET ADDRESS 317 SOUTH TENNESSEE AVE  
CITY-ST-ZIP LAKELAND FL ☒ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME David W. Holloway  
STREET ADDRESS 215 Imperial Blvd. Suite B-1  
CITY-ST-ZIP Lakeland, FL. 33803 ☐ Change ☒ Addition

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME Linda A. Holloway  
STREET ADDRESS 2925 Sanlan Ranch Drive  
CITY-ST-ZIP Lakeland, FL. 33813 ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02 863-665-1601  
Date Daytime Phone #

CR2E034 (9/01)