

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90018 006 \*\*\*150.00

**DOCUMENT # 289010**

1. Entity Name  
**ABBA INC**

Principal Place of Business  
**18361 SW 57TH ST**  
**FT. LAUDERDALE FL 33331-2233**  
**US**

Mailing Address  
**K. SCUDDER, PRES**  
**18361 SW 57TH ST**  
**FT. LAUDERDALE FL 3331-2233**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
**SW RANCHES, FL**

City & State  
**SW RANCHES FL**

Zip Country  
**33331-2233 BR**

Zip Country  
**33331-2233 BR**

4. FEI Number **59-1154701** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SCUDDER, KENNETH R**  
**18361 SW 57TH STREET**  
**FT. LAUDERDALE FL 33331-2233**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City & State  
**SW RANCHES FL FL** Zip Code  
**33331-2233**

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.  
**SW RANCHES is a new city. No physical change.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCUDDER, KENNETH R 18361 SW 57TH ST FORT LAUDERDALE FL 33331-2233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCUDDER, CAROLYN K 18361 SW 57TH ST FORT LAUDERDALE FL 33331-2233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCUDDER, CAROL A 18361 SW 57TH ST FORT LAUDERDALE FL 33331-2233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KREIMEYER, SHIRLEY K 3300 NE 36TH ST AP 821 FT. LAUDERDALE FL 33308-6731 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCUDDER, CAROLYN K 18361 SW 57TH ST FORT LAUDERDALE FL 33331-2233 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>SW RANCHES FL 33331-2233</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>SW RANCHES FL 33331-2233</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>SW RANCHES FL 33331-2233</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kenneth R Scudder **KENNETH R SCUDDER** **8 JAN 01** **954/522 1222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

ABCHECK # 2072 received 1/24/01