

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90115 009 ***150.00

DOCUMENT #289010

1. Entity Name
ABBA, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1920 S. Ocean Dr.
Suite, Apt. #, etc.
#1211

3. Mailing Address **to C. Scudder**
P.O. Box 350035
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33316 Country
US

Zip
33335 Country
US

4. FEI Number
59-1154701

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
C. Scudder

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

1920 S. Ocean Dr, Apt. # 1211

City **Ft. Lauderdale** FL Zip Code **33316**

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.

Carol A. Scudder, V.P.
SIGNATURE **Carol A. Scudder, Vice Pres** DATE **3/MAR/2003**

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Kenneth R. Scudder 1920 S. Ocean Dr, Apt #1211 Ft Lauderdale, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Pres Carol A. Scudder 1920 S. Ocean Dr, Apt #1211 Ft. Lauderdale, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice-Pres/Sec/Treas Carolyn K. Scudder 1920 S. Ocean Dr, Apt #1211 Ft. Lauderdale, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address with all other like empowered.

Carol A. Scudder, V.P.
SIGNATURE: **Carol A. Scudder, Vice-Pres** DATE **3/MAR/2003 (954) 522-1222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)