## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 1033 CENTRAL AVE.

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

ST. PETERSBURG FLORIDA 33705-1648

## DOCUMENT # **455650** 1. Entity Name ABBOTT-JAMISON SALES, INC.

Principal Place of Business

ST. PETERSBURG FLORIDA 33705

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

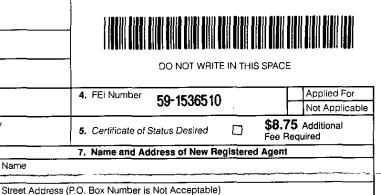
Zip

1033 CENTRAL AVE.

FILED Apr 23, 2000 8:00 am Secretary of State

04-23-2000 90028 020 \*\*\*150.00

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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.

Country

Name

9. This corporation is eligible to satisfy its lotangible Tax filing requirement and elects to do so. (See criteria on back) 

Country

JAMISON, WALTER K JR

5684 36TH AVENUE NORTH ST PETERSBURG FL 33710

6. Name and Address of Current Registered Agent

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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

Zip Code

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE JAMISON WALTER K NAME NAME STREET ADDRESS STREET ADDRESS 5684 36RD AVE N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Addition ☐ Delete ☐ Change TITLE **GLASS JOHN W** NAME STREET ADDRESS STREET ADDRESS 6525 64TH WAY N CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John 3406-1955 Sections 4.17.00