

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 508261
 1. Entity Name *ABCD Supplies, Inc.*

FILED
Jul 17, 2000 8:00 am
Secretary of State
 07-17-2000 90001 043 ***150.00

Principal Place of Business Mailing Address
 4141 John Young Pkwy. Ste 1-3
 Orlando, FL 32804

00068813

DO NOT WRITE IN THIS SPACE

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

4. FEI Number *59-1700525* Applied For Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 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 _____ (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, 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

11. OFFICERS AND DIRECTORS
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
President *Sam Guifford* *4000 N.E. 167th St.* *N. Miami Bch. FL 33160*
☐ Delete
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: *Sam Guifford* *6128100* *407-207-1765*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)



Attachment
DH 508261
DW 68813

June 28, 2000

To: Whom it may concern
Re: 2000 Annual Report

We did not receive the pre-printed form that is to be used. Therefore, we had to call and have them mail it to us. Enclosed I have a check for \$150.00, which I was told to pay, and attach this letter. If you have any questions please feel free to call me.

Thank you,
Deborah Lindsay