


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10f2


0620450 AT

**DOCUMENT # 681965**

1. Entity Name  
**ABCA, INC.**



**FILED**  
**03 JAN 31 PM 12:41**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



Principal Place of Business  
**C/O CORPORATION SERVICE COMPANY**  
**2711 CENTERVILLE RD., STE. 400**  
**WILMINGTON DE 19808**

Mailing Address  
**C/O CORPORATION SERVICE COMPANY**  
**2711 CENTERVILLE RD., STE. 400**  
**WILMINGTON DE 19808**

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-1635082**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>SVP</b> <b>ANDERSEN, ROBERT L</b> <b>301 S COLLEGE ST</b> <b>CHARLOTTE NC 28288-0630</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MILLER, JERRY M JR</b> <b>301 S. COLLEGE ST</b> <b>CHARLOTTE NC 28288-0630</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WERTZ, LARRY J</b> <b>301 S. COLLEGE ST</b> <b>CHARLOTTE NC 28288</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WATKINS, MICHAEL A</b> <b>301 S. COLLEGE ST</b> <b>CHARLOTTE NC 28288</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MULLIS, CAROL R</b> <b>301 S. COLLEGE ST</b> <b>CHARLOTTE NC 28288</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Stephen C. Coates</b> <b>225 Water Street</b> <b>Jacksonville, FL 32202</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100011592181</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Carol R Mullis* **RECEIVED** *mullis, Vice President* **20/03** **(704) 374-1412**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

2082

ACCOUNT NO. : 072100000032

REFERENCE : 914924 167868A

AUTHORIZATION :

*Patricia Pizub*

COST LIMIT : \$ 150.00

ORDER DATE : January 31, 2003

ORDER TIME : 11:03 AM

ORDER NO. : 914924-015

CUSTOMER NO: 167868A

CUSTOMER: Ms. Mindi O'hayre  
Wachovia Corporation  
One First Union Center, Nc0630  
301 South College Street-30th  
Charlotte, NC 28288-0630

ANNUAL REPORT FILING

NAME: ABCA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons - Ext. 1139

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
03 JAN 31 AM 11:42  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA