

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90164 020 \*\*\*\*70.00

**DOCUMENT # 700121**

1. Entity Name

**ABILITIES INC OF FLORIDA**



Principal Place of Business

**2735 WHITNEY ROAD  
CLEARWATER FL 33760  
US**

Mailing Address

**2735 WHITNEY ROAD  
CLEARWATER FL 33760  
US**

**10029130**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0874493**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SANDONATO, WILLIAM JR  
2735 WHITNEY ROAD  
CLEARWATER FL 34620**

Name

**Gene Thomas**

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

**2735 Whitney Road**

City

**Clearwater**

**FL**

Zip Code

**33760**

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 *Gene Thomas* **Gene Thomas** February 6, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD THOMAS, GENE 1220 38TH AVENUE NE SAINT PETERSBURG FL 33704</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD TOMMEY, PETER E 4711 WEST NEPTUNE ST TAMPA FL 33629</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KING, PAUL 12271 97TH AVENUE N SEMINOLE FL 33772</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD VOLTZ, KIM A 4375 WHEATLAND WAY PALM HARBOR FL 34685</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SANDONATO, WILLIAM JR 14805 SEMINOLE TRAIL SEMINOLE FL 33776</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SOROTA JR, JOSEPH J 2201 PADDOCK CIRCLE DUNEDIN FL 34698</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD Bruce D. Wardinski 2735 Whitney Road Clearwater, FL 33760</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD James Taverna 2735 Whitney Road Clearwater, FL 33760</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Judy Carter 2735 Whitney Road Clearwater, FL 33760</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Albert M. Green 2735 Whitney Road Clearwater, FL 33760</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jamie Kendall 2735 Whitney Road Clearwater, FL 33760</b>	<input type="checkbox"/> Change <input checked="" 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 617, 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: *Joseph J. Sorota, Jr.* **Joseph J. Sorota, Jr.** February 6, 2003 727.796.1557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)