

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001187**

1. Entity Name

ABDONEY ENTERPRISES, LTD.

FILED

02 JAN 22 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1913 OAKMONT AVENUE TAMPA FL 33629	Mailing Address 1913 OAKMONT AVENUE TAMPA FL 33629
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State City & State

4. FEI Number **59-3211125** 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

**ABDONEY, MICHAEL O
1913 OAKMONT AVENUE
TAMPA FL 33629**

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

9. Capital Contributions as Shown on record. **\$5,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ABDONEY, MICHAEL O 1913 OAKMONT AVENUE TAMPA FL 33629	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ABDONEY, REBECCA A 1913 OAKMONT AVENUE TAMPA FL 33629	STREET ADDRESS	400004830764--5 -01/28/02--01047--026 ****526.25 ****526.25
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**

1-14-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (6/01)

STAPLE CHECK HERE