

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F01000004131**

1. Entity Name  
**ABBEY ENTERTAINMENT INC**

Principal Place of Business  
**1730 SO. PINELLAS AVE., SUITE C  
TARPO SPRINGS FL 34689**

Mailing Address  
**1730 SO. PINELLAS AVE., SUITE C  
TARPO SPRINGS FL 34689**

2. Principal Place of Business **3. Mailing Address**

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

City & State **City & State**

Zip **Country** **Zip** **Country**

### 6. Name and Address of Current Registered Agent

**LYNCH, CLAIRE  
3095 ENISGLEN DRIVE  
PALM HARBOR FL 34683**

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

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

(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, 2002 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 **PC**  Delete  
NAME **LYNCH, CLAIRE**  
STREET ADDRESS **3095 ENIS GLEN DR.**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

### 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                                                 |                                                                                                                  |                                                                   |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| TITLE <b>PC</b> <input type="checkbox"/> Delete | NAME <b>LYNCH, CLAIRE</b><br>STREET ADDRESS <b>3095 ENIS GLEN DR.</b><br>CITY-ST-ZIP <b>PALM HARBOR FL 34683</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE <b>PC</b> <input type="checkbox"/> Delete | NAME <b>LYNCH, CLAIRE</b><br>STREET ADDRESS <b>3095 ENIS GLEN DR.</b><br>CITY-ST-ZIP <b>PALM HARBOR FL 34683</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/04/02**

Date Daytime Phone #

054774 AN

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE