2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**)

Jan 23, 2003 8:00 am Secretary of State F01000004517 DOCUMENT # 1. Entity Name 01-23-2003 90075 040 ***150.00 ABNEY & ASSOCIATES, INC. Principal Place of Business Mailing Address 343 NW 7TH 500 TRINITY LANE APT 5212 **CORVALLIS OR 97330** ST PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address 3988 Lake Point Drive Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For City & State 93-1277439 earma Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33 Fee Required 6. Name and Address of Current Registered Agent 7., Name and Address of New Registered Agent Name abney, Frank L Street Address (P.O. Box Number is Not Acceptable) 500 TRINITY LANE APT 5212 ST PETERSBURG FL 33716 Lake Point Drive Zip Code 33つして 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSTD** ☐ Delete TITLE Change ☐ Addition abney, Frank L NAME NAME 13988 Lake Point Drive 500 TRINITY LANE APT 5212 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL CITY-ST-7IP CITY-ST-ZIP Clearwater FL 33762 Delete TITLE Change Change ☐ Addition NAME abney, katherine M NAME 13988 Lake Point Drive STREET ADDRESS 500 TRINITY LANE APT 5212 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP ☐ Change Addition: DILE Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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