

FILED

Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90142 027 ***150.00

ADU02879



DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000001638

1. Entity Name
ABB INTERTRADE INC.

Principal Place of Business
7910 PIERCE HARWELL RD.
PLANT CITY FL 33565

Mailing Address
7910 PIERCE HARWELL RD.
PLANT CITY FL 33565

2. Principal Place of Business
3628 HARDEN BLVD.
Suite, Apt. #, etc.

3. Mailing Address
3628 HARDEN BLVD.
Suite, Apt. #, etc.

City & State
LAKELAND, FL

City & State
LAKELAND, FL

Zip
33803

Country

4. FEI Number
36-3296312

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ABBENZELLER, ROBERT H
7910 PIERCE HARWELL RD.
PLANT CITY FL 33565

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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: Robert H. Abbenzeller 7-04-01 863-742680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)