## FILED May 16, 2002 8:00 am Secretary of State

DOCUMENT # G94281  1. Entity Name  ABDD OF FLORIDA, INC.					Secretary of State 05-16-2002 90040 021 ***150.00			
Principal Place of Business 4980 TAMARIN D RIDGE DR NAPLES FL 34119		Mailing Address 4980 TAMARIN D RIDGE SUITE 23 NAPLES FL 34119	4980 TAMARIN D RIDGE DR SUITE 23		3 W. C. E.			
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address			ili oibil bheil blail		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	4. FEI Number Applied For Not Applied For Not Applicable			
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad	ditional	
	6. Name and Address of Curren	t Registered Agent	Name	7.	Name and Address of New Registere			
DONALDSON, DAVID A 4980 TAMARIN D RIDGE DR			Street A	Street Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 34119			City		F	Zip Cod	de	
SIGNATURE  Signature, typed or printed name of registered agent and the second		e FILE NOW!	E: Registered Agent signate  !! FEE IS \$150.  D2 Fee will be \$5  le to Departmen	00 50.00	DATE	\$5.0	00 May Be	
11.	OFFICERS AND	DIRECTORS	12.	ΑI	L DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONALDSON, DAVID A 10681 AIRPORT ROAD NORTH, NAPLES FL 34109	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEGLEY, DONALD 38799 WEST 12 MILE ROAD, # FARMINGTON HILLS MI 48331		TITLE NAME STREET ADDRESS CITY-ST-ZIP	39300 FARMIN	WEST IZ MILE ROAD #2.6TON HILLS MI 48331			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

indicated on this report or supplemental report is true and occurate 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 an other like empowered.

SIGNATURE:

SIGNATURE AND THE DOT DOT NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE AND THE DOT DOT NAME OF SIGNING OFFICER OF DIRECTOR

Date

Date

Date

Description #

**2002 UNIFORM BUSINESS REPORT (UBR)**