## 17" L. James

## 2002 UNIFORM BUSINESS REPORT (UBR)

## H96790 DOCUMENT #

1. Entity Name

ALBACORE, INC.

Principal Place of Business 1857 STETSON DR CLEARWATER FL 33765

Mailing Address

1857 STETSON DR CLEARWATER FL 33765

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zin I Country	

FILED Jul 09, 2002 8:00 am Secretary of State

07-09-2002 90022 036 \*\*\*555.00



DATĘ

DO NOT WRITE IN THIS SPACE

59-2635837

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
SABATHE', SHELBY J.	Name	
1857 STETSON DR	Street Address (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 33765		
	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

4. FEI Number

5. Certificate of Status Desired

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

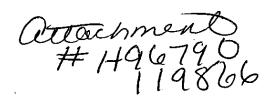
11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F ☐ Addition SABATHE', ARTHUR NAME 1857 STETSON DR STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33765** CITY-ST-ZIP CITY-ST-ZIP PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SABATHE', SHELBY J. NAME NAME STREET ADDRESS 1857 STETSON DR STREET ADDRESS **CLEARWATER FL 33765** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

CITY-ST-ZIP

SIGNATURE:

7.3.02 207.726-5185



Albacore, Inc. 1857 Stetson Dr. Clearwater, F1. 33765

July 3, 2002

Division of Corporations State of Florida P.O. Box 1500 Tallahassee, F1. 32302

To Whom It May Concern:

Enclosed is the fee for \$150.00. We did not receive a prior notice.

Sincerely,

Shelby J. Sabathe'

PD- Registered Agent.

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