2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # H99428** Jul 20, 2000 8:00 am 1. Entity Name **Secretary of State** ABACAB INTERNATIONAL COMPUTERS, INC. 07-20-2000 90010 021 ***150.00 Principal Place of Business Mailing Address 1111 CR 427 N. 1111 CR 427 N. SUITE 101 SUITE 101 LONGWOOD FL 32795 LONGWOOD FL 32795 KUPBduun 2. Principal Place of Business 3. Mailing Address* Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2692397 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHASTANG, FERRELL, SIMMS & GISERMAN Street Address (P.O. Box Number is Not Acceptable) 1400 W. FAIRBANKS AVENUE SUITE 102 WINTER PARK FL 32789 City Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition ☐ Delete TITLE TITLE WRIGHT, ALAN A NAME NAME STREET ADDRESS 884 SILVERSMITH CIRCLE STREET ADDRESS CITY-ST-ZE CITY-ST-ZIP LAKE MARY FL 32746 ☐ Addition Change □ Delete TITLE NAME WALKER, KENNETH NAME STREET ADDRESS 375 PALM SPRINGS ROAD APT 904 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE . Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 flustee 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 v



1111 CR 427 North Suite 101 Longwood Florida 32750 Tel. 407-834-1700 Fax. 407-830-7961

ATTACHMENT H99428 ACC 4840°

Division Of Corporations Uniform Business Report Filings

July 14, 2000

Dear Sir or Madam:

Pleas find enclosed completed UBR. On receipt of this document, a telephone call to your office revealed we should have received this in early January. When we explained that this was in fact the first time that we had seen this form, we were advised to include this letter of explanation along with the normal fee of \$ 150.00.

Yours truly,

Alan A. Wright

President