

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J56563**

1. Entity Name

AMERICAN BUSINESS VENTURES, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90057 018 ***150.00

Principal Place of Business

**9438 US HIGHWAY 19 NORTH
SUITE 318
PORT RICHEY FL 34668**

Mailing Address

**9438 US HIGHWAY 19 NORTH
SUITE 318
PORT RICHEY FL 34668-4623****906033**

2. Principal Place of Business

9337 WOLCOTT LANE

Suite, Apt. #, etc.

3. Mailing Address

9438 US HWY 19

Suite, Apt. #, etc.

318

City & State

Port Richey FL

City & State

Port Richey FL

4. FEI Number

59-2779526

Applied For

Not Applicable

Zip

34668

Country

Zip

34668-4623

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HARPHAM, KEITH F.
9438 US HIGHWAY 19 N.
318
PORT RICHEY FL 34668**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **HARPHAM, KEITH F.**
STREET ADDRESS **9337 WOLCOTT LANE**
CITY-ST-ZIP **PORT RICHEY FL 34668**TITLE **T** ☐ Delete
NAME **HARPHAM, KATHLEEN**
STREET ADDRESS **9337 WOLCOTT LANE**
CITY-ST-ZIP **PORT RICHEY FL 34668**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

727-862-8229

Daytime Phone #