

DOCUMENT # K39946

1. Entity Name

ABER INCORPORATED

Principal Place of Business

401 E. ROBINSON ST
~~SUITE 403~~
ORLANDO FL 32801-1947
US

Mailing Address

401 E. ROBINSON ST
~~SUITE 403~~
ORLANDO FL 32801-1947
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 406

Suite, Apt. #, etc.

Suite 406

City & State

City & State

4. FEI Number 59-2922780

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABERNETHY, MICHAEL E.
401 E. ROBINSON ST
~~SUITE 403~~
ORLANDO FL 32801-1947

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 406

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

Michael E. Abernethy

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

(NOTE: Registered Agent Signature required when reinstating)

1/4/01

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

TITLE PVSD ☐ Delete
NAME ABERNETHY, MICHAEL E
STREET ADDRESS ~~401 E. ROBINSON ST #403~~
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 401 E. Robinson St #406
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ 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:

Michael E. Abernethy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/01

Daytime Phone #

407 422 6571 x100

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90107 021 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)