

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K75025

1. Entity Name:

ABCO DISTRIBUTING, INC.

Principal Place of Business

4302 HENDERSON BLVD
STE 109
TAMPA FL 33629
US

Mailing Address

P O BOX 18521
P O BOX 18521, 200 N EDISON AVENUE 33606
TAMPA FL 33679
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ABDONEY, KAMELL M
4302 HENDERSON BLVD
SUITE 109
TAMPA FL 33629

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

KAMELL M ABDONEY

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

(NOT: Registered Agent signature required when reinstating)

5/31/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!
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	PD	<input type="checkbox"/> Delete
NAME	ABDONEY, KAMELL	
STREET ADDRESS	3000 W ANGELES ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ABDONEY, KATHLEEN C.	
STREET ADDRESS	3000 W ANGELES ST	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

KAMELL M ABDONEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90008 022 ***550.00

001078



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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