

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91141 013 ***150.00

DOCUMENT # **K75025** ✓
1. Entity Name
ABCO Distributing, Inc.

666187

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3616 S. Manhattan Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 18521
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tampa, FL
Zip
33629 Country
USA

City & State
Tampa, FL
Zip
33679 Country
USA

4. FEI Number
59-3002191
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Kamell M. Abdoney
Street Address (P.O. Box Number is Not Acceptable)
3616 S. Manhattan Ave
City
Tampa FL Zip
33629

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** **Kamell M. Abdoney** **4/29/02**
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	Pres Kathleen C. Abdoney 3000 W. Angeleno St Tampa, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres Michelle K. Abdoney 3000 W. Angeleno St Tampa, FL 33629
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Kamell M. Abdoney / Kamell M. Abdoney, O.M.** **4/29/02** **813 902-9703**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)