

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90090 023 ****50.00

DOCUMENT # L01000020592

1. Entity Name

ABC INTERNATIONAL, L.L.C.

Principal Place of Business

Mailing Address

701 SAN MARCO BLVD.
 2 PRUDENTIAL PLAZA, 19TH
 JACKSONVILLE FL 32207

P.O. BOX 551260
 JACKSONVILLE FL 32255

2. Principal Place of Business

5150 Belfort Road

3. Mailing Address

Suite, Apt. #, etc.

Bldg 300

City & State

Jacksonville, FL

4. FEI Number

69-0004600

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD
BUILDING 100
JACKSONVILLE FL 32256

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE Delete
 NAME **MGRM**
 STREET ADDRESS **JAFFE, BARBARA**
 CITY-ST-ZIP **701 SAN MARCO BLVD.**
JACKSONVILLE FL 32207

TITLE Change Addition
 NAME *MGRM*
 STREET ADDRESS *Jaffe, Barbara*
 CITY-ST-ZIP *5150 Belfort Road, # 300*
Jacksonville, FL 32256

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *SIGNATURE Barbara Jaffe*

904-313-6825
3/6/2002

CR12E083 (9/01)