2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

May 22, 2002 8:00 am Secretary of State L27793 DOCUMENT # 1. Entity Name 05-22-2002 90081 046 ***150.00 ABUNDANCE, INC. Mailing Address Principal Place of Business 1130 CLEVELAND ST. 1130 CLEVELAND ST. SUITE 210 SUITE 210 CLEARWATER FL 33755 **CLEARWATER FL 34615** U\$ 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3162048 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SINGER, DAVID DR. Street Address (P.O. Box Number is Not Acceptable) 1130 CLEVELAND STREET SUITE 210 Zip Code **CLEARWATER FL 34615** City atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE (NOTE: Registered Agent signature required when reinstating) e of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE TITLE NAME NAME venegas, Diana STREET ADDRESS 1331 ENCINITAS BLVD #29 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ENCINITAS CA** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SINGER, DAVID STREET ADDRESS STREET ADDRESS 1130 CLEVELAND STREET CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Change ☐ Addition Delete TiTI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP" CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

4/24/02

FILED