## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 13, 2000 8:00 am Secretary of State **DOCUMENT # L81425** 1. Entity Name ABJ, INC. 09-13-2000 90047 038 \*\*\*550.00 Principal Place of Business Mailing Address % RICHARD J. DAFONTE: ESQUIRE % <del>richard J. Dafont</del>e. Esquire 4175 E. BAY DR., STE. 208 4175 E. BAY DR., STE, 208 CLEARWATER FL 34624 CLEARWATER FL 34624 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3022376 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAFONTE, RICHARD J. ESQ. Street 1000 BELCHER RD. S. SUITE 2 **LARGO FL 34641** he purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. DPV ☐ Addition ☐ Change TITLE TITLE Delete SMITH, ROBERT NAME NAME 4175 E. BAY DR., STE. 208 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL** CITY-ST-ZIP Change ■ Addition TITLE TITLE ☐ Delete SMITH, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 4175 E. BAY DR., STE. 208 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS 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 of 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:

TE REQUIRENES I dent

9-11-00

727-5380674