

2001 UNIFORM BUSINESS REPORT (UBR)

0021716 AF

DOCUMENT # L99000005460

1. Entity Name
ABF HOLDINGS, LLC

FILED
01 APR 23 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 3512 US HWY 41 N, PALMETTO FL 34221
Mailing Address: 3512 US HWY 41 N, PALMETTO FL 34221



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0944711 Applied For: Not Applicable:
5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: **FRANOSZ, ANDREW T**
3512 US HWY 41 N
PALMETTO FL 34221

7. Name and Address of New Registered Agent: Name, Street Address, 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANOSZ, HELENA 621 LANTERN RIDGE DRIVE WINSTON-SALEM NC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANOSZ, ANDREW 3512 US HWY 41 N PALMETTO FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700004134757--S -05/03/01--01132--021 *****50.00 <input checked="" type="checkbox"/> Change *****50.00 <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Andrew T. Franosz 4/16/01 (941)920-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)