

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010559

FILED
May 07, 2009
Secretary of State

Entity Name: TAMPA BAY ABL NORTH, INC.

Current Principal Place of Business:

19506 PINE TREE RD
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 231
ODESSA, FL 33556

New Mailing Address:

FEI Number: 90-0472542 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FULLER THAN YOU, LLC
19506 PINE TREE RD
ODESSA, FL 33556 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FULLER THAN YOU, LLC
Address: 19506 PINE TREE RD
City-St-Zip: ODESSA, FL 33556

Title: VP () Delete
Name: TAMPA BAY ABL, INC.
Address: 15310 AMBERLY DR SUITE 250
City-St-Zip: TAMPA, FL 33647

Title: VP () Delete
Name: JOHNSON, AJ
Address: 15310 AMBERLY DR SUITE 250
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER M. FULLER

P

05/07/2009

Electronic Signature of Signing Officer or Director

Date