# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45512

1. Entity Name

NO-ABUSE, INC.

**FILED**
**Feb 20, 2000 8:00 am**
**Secretary of State**
02-20-2000 90046 048 ****61.25

| Principal Place of Business | Mailing Address |
|---|---|
| 710 E. COLONIAL DRIVE<br>SUITE 100<br>ORLANDO FL 32803<br>US | 710 E. COLONIAL DRIVE<br>SUITE 100<br>ORLANDO FL 32803-4641<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 706 E. Colonial Dr. | 706 E. Colonial Dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Orlando, FL. | City & State: Orlando, FL |
| Zip: 32803 Country: USA | Zip: 32803 Country: USA |

4. FEI Number: 59-3089562 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BASIL, PAULA<br>710 E. COLONIAL DRIVE #100<br>ORLANDO FL 32803 | Name: Basil, PAULA<br>Street Address (P.O. Box Number is Not Acceptable): 706 E. Colonial Dr.<br>City: Orl. FL Zip Code: 32803 |

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: Paula Basil - PAULA BASIL - President 2/7/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BASIL, PAULA<br>710 E. COLONIAL DRIVE, SUITE 100<br>ORLANDO FL 32803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>PASTORCK, JOYCE<br>710 E. COLONIAL DRIVE, SUITE 100<br>ORLANDO FL 32803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>WORDEN, MARICEL<br>710 E. COLONIAL DRIVE, SUITE 100<br>ORLANDO FL 32803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TIMOTHY TERRY<br>710 E. COLONIAL DRIVE, SUITE 100<br>ORLANDO FL 32803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DRISCALL, ROBERTA DR.<br>710 E. COLONIAL DRIVE, SUITE 100<br>ORLANDO FL 32803 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

401-499-9703

**SIGNATURE:** Paula Basil PAULA BASIL 2/7/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #