## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED DOCUMENT # **N45512** Feb 20, 2000 8:00 am 1. Entity Name **Secretary of State** NO-ABUSE, INC. 02-20-2000 90046 048 \*\*\*\*61.25 Principal Place of Business Mailing Address 710 E. COLONIAL DRIVE 710 E. COLONIAL DRIVE SUITE 100 SUITE 100 ORLANDO FL 32803-4641 ORLANDO FL 32803 2. Principal Place of Business 3. Mailing Address Colonia Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FFI Number City & State 59-3089562 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AUL A Street Address (P.O. Box Number is Not Acceptable) BASIL, PAULA 710 E. COLONIAL DRIVE #100 ORLANDO FL 32803 803 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 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Change Addition PD ☐ Delete TITL F NAME NAME BASIL, PAULA STREET ADDRESS STREET ADDRESS 710 E. COLONIAL DRIVE, SUITE 100 CITY-ST-7/P CITY-ST-ZIP ORLANDO FL 32803 ☐ Change ☐ Addition ☐ Delete TITLE TITLE vpd NAME PASTORCK, JOYCE NAME STREET ADDRESS 710 E. COLONIAL DRIVE, SUITE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Change Addition TITLE TD ☐ Delete TITLE NAME NAME WORDEN, MARICEL STREET ADDRESS STREET ADDRESS 710 E. COLONIAL DRIVE, SUITE 100 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Addition Change TITLE D ☐ Detete TITL F NAME NAME TIMOTHY TERRY STREET ADDRESS STREET ADDRESS 710 E. COLONIAL DRIVE, SUITE 100 CITY-ST-ZIP CITY-ST-ZIP orlando fl 32803 ☐ Addition Change TITLE ☐ Delete TITLE DRISCALL, ROBERTA DR. NAME STREET ADDRESS STREET ADDRESS 710 E. COLONIAL DRIVE, SUITE 100 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 Delete TITLE ☐ Change ☐ Addition TITLE NAME\_NAME\_STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP 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 li mpowered

Davtime Phone

Date