

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45512

1. Entity Name

NO-ABUSE, INC.

Principal Place of Business

706 E COLONIAL DR
ORLANDO FL 32803
US

Mailing Address

706 E COLONIAL DR
ORLANDO FL 32803
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BASIL, PAULA
706 E COLONIAL DR
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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 PD
NAME BASIL, PAULA
STREET ADDRESS 710 E. COLONIAL DRIVE, SUITE 100
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE PD
NAME PAULA BASIL
STREET ADDRESS 706 E. Colonial Dr.
CITY-ST-ZIP Orlando, FL. 32803 ☒ Change ☐ Addition

TITLE VPD
NAME PASTORCK, JOYCE
STREET ADDRESS 710 E. COLONIAL DRIVE, SUITE 100
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE VPD
NAME Joyce Pastorek
STREET ADDRESS 706 E. Colonial Dr.
CITY-ST-ZIP Orlando, FL. 32803 ☒ Change ☐ Addition

TITLE TD
NAME WORDEN, MARICEL
STREET ADDRESS 710 E. COLONIAL DRIVE, SUITE 100
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE TD
NAME Maricel Worden
STREET ADDRESS 706 E. Colonial Dr.
CITY-ST-ZIP Orcl. FL. 32803 ☒ Change ☐ Addition

TITLE D
NAME TIMOTHY TERRY
STREET ADDRESS 710 E. COLONIAL DRIVE, SUITE 100
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE D
NAME Timothy Terry
STREET ADDRESS 706 E. Colonial Dr.
CITY-ST-ZIP Orcl. FL. 32803 ☒ Change ☐ Addition

TITLE D
NAME DRISCALL, ROBERTA DR.
STREET ADDRESS 710 E. COLONIAL DRIVE, SUITE 100
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE D
NAME Roberta Driscall
STREET ADDRESS 706 E. Colonial Dr.
CITY-ST-ZIP Orcl. FL. 32803 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01 407-999-9703

Date

Daytime Phone #

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90350 046 *****61.25

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DO NOT WRITE IN THIS SPACE

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