2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003
Secretary of State

DOCUMENT# N45512

Entity Name: NO-ABUSE, INC.

Current Principal Place of Business:

706 E COLONIAL DR
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

706 E COLONIAL DR
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-3089562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BASIL, PAULA
706 E COLONIAL DR
ORLANDO, FL 32803

Name and Address of New Registered Agent:

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:	PD	( ) Delete
Name:	BASIL, PAULA	
Address:	706 E. COLONIAL DR.	
City-St-Zip:	ORLANDO, FL 32803	
Title:	VPD	( ) Delete
Name:	PASTOREK, JOYCE	
Address:	706 E. COLONIAL DR	
City-St-Zip:	ORLANDO, FL 32803	
Title:	TD	( ) Delete
Name:	WORDEN, MARICEL	
Address:	706 E. COLONIAL DR.	
City-St-Zip:	ORLANDO, FL 32803	
Title:	D	( ) Delete
Name:	TIMOTHY TERRY,	
Address:	706 E. COLONIAL DR	
City-St-Zip:	ORLANDO, FL 32803	
Title:	D	( ) Delete
Name:	DRISCOLL, ROBERTA	
Address:	706 E. COLONIAL DR.	
City-St-Zip:	ORLANDO, FL 32803	

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:	
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 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 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: PAULA BASIL PD 01/22/2003
Electronic Signature of Signing Officer or Director — Date