

DOCUMENT # P00000009630

1. Entity Name  
ABB RETAIL, INC.

Principal Place of Business  
7910 PIERCE HARWELL ROAD  
TAMPA FL 33565

Mailing Address  
7910 PIERCE HARWELL ROAD  
TAMPA FL 33565

2. Principal Place of Business  
3028 HARDEN BLVD.  
Suite, Apt. #, etc.

3. Mailing Address  
3028 HARDEN BLVD.  
Suite, Apt. #, etc.

City & State  
LAKE LAND, FL  
Zip  
33803  
Country

City & State  
LAKE LAND, FL  
Zip  
33803  
Country

4. FEL Number  
59-3623904

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ABBENZELLER, VIVETTE P  
7910 PIERCE HARWELL ROAD  
TAMPA FL 33565

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
	D			<input type="checkbox"/>
	ABBENZELLER, VIVETTE P	7910 PIERCE HARWELL ROAD	TAMPA FL 33565	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-04-01 863-7012640

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90091 004 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)