

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90532 018 ***150.00

DOCUMENT # P00000009777

1. Entity Name

AABBA SERVICES, INC.



Principal Place of Business

235 DAYTONA AVE.
HOLLY HILL FL 32117

Mailing Address

P.O. BOX 11853
DAYTONA BEACH FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3621570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

WOODS, JUDSON I JR ESQ
116 S. RIDGEWOOD AVE.
EDGEWATER FL 32132

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME LONG, ESTHER M</p> <p>STREET ADDRESS P.O. BOX 11853</p> <p>CITY-ST-ZIP DAYTONA BEACH FL 32120</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME LONG, RICHARD L-SR</p> <p>STREET ADDRESS P.O. BOX 11853</p> <p>CITY-ST-ZIP DAYTONA BEACH FL 32120</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
<p>TITLE <input type="checkbox"/> Delete</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME</p> <p>STREET ADDRESS</p> <p>CITY-ST-ZIP</p>
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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 607, 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: RICHARD L. LONG SR *Richard L. Long Sr* 4-16-2003 386-252-2366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)