2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000050270 **DOCUMENT #**

1. Entity Name

ABETTA CONSTRUCTION INC.



FILED Mar 03, 2003 8:00 am & Secretary of State

03-03-2003 90454 021 ***150.00

ABELLA GONO, MOOHON INO.					WEIGH				
Principal Place 1398 WINDY ORLANDO FL		Mailing Address 1398 WINDY RIDGE CT. ORLANDO FL 32750			-				
2. Principal I	Place of Business	3. Mailing Address					(
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				_	☐ CHECK HERE IF MAKING	CHANGES	}
City & Sta	te	City & State				4.	FEI Number 59-3653245	-	pplied For ot Applicable
Zip Country		Zip Count			ntry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required		ditional	
6. Name and Address of Current Re			gistered Agent			7. Name and Address of New Registered Agent			
					Name			<u>, </u>	
	reginald IDY Ridge CT.				Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO	D FL 32750								
					City		FL	Zip Cod	le
8. The above named entity submits this statement for the purpose of changing its reg the obligations of registered agent.					ed office or registere	ed ag	gent, or both, in the State of Florida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent at	and title if anal	linohlo (NOTE-		4.				
		The lite is app	Manie. (MOTE:		d Agent signature required	wnen re	einstating) 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.	\$5.0 Added	00 May Be d to Fees
10.	OFFICERS AND D	DIRECTO	RS	11.		AD	L DDITIONS/CHANGES TO OFFICERS AND D	IRECTOR	S IN 11
TITLE	Р		☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS	PRINCE, REGINALD 1398 WINDY RIDGE COURT			NAM	E Et address				1
CITY-ST-ZIP	LONGWOOD FL 32750				-ST-ZIP				
TITLE			☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS				NAME					
CITY-ST-ZIP					et address -St-Zip				Ì
TITLE			☐ Delete	TITLE			[Change	Addition
NAME STREET ADDRESS	கைய விருவா த ் புக		المنافقة والمنافقة المنافقة المنافقة المنافقة		T Inneces	. سىيىسى	المسترارية الطائم فيطيهم الرامي ينسيرك والمحاف سواطين يات ياسم	-	
CITY-ST-ZIP					ET ADDRESS ST-ZIP				
TITLE			☐ Delete	TITLE				Change	Addition
NAME				NAME	:				
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS				
				•	ST-ZIP				
TITLE NAME			☐ Delete	TITLE NAME				_ Change	☐ Addition
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		77.4	☐ Delete	TITLE	**-			Change	☐ Addition
NAME STREET ADDRESS				NAME	i			-	
STREET ADDRESS CITY-ST-ZIP					T ADDRESS				
	ertify that the information supplied with t	this filing o	ione not qualify for th		ST-ZIP	tina 4	110.07/09/3 [[/	11 4 41 1	

Thereby 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 an other like empowered.

SIGNATURE:

HMELLRED SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

407-767-5631

Daytime Phone #