

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90178 041 \*\*\*150.00

0106669 AV

**DOCUMENT # P00000057810**

1. Entity Name

**ABELAIRE OF LAKELAND, INC.**

Principal Place of Business

5529 DEER CREEK DR.  
 ORLANDO FL 32821

Mailing Address

5529 DEER CREEK DR.  
 ORLANDO FL 32821

2. Principal Place of Business

**457 HAVEN POINT DRIVE**

3. Mailing Address

**457 HAVEN POINT DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ST PETERSBURG, FL**

City & State

**ST PETERSBURG, FL**

Zip

**33706**

Country

**USA**

Zip

**33706**

Country

**USA**

4. FEI Number

**59-3659573**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ABEL, FREDRICK J**  
**5529 DEER CREEK DR.**  
**ORLANDO FL 32821**

7. Name and Address of New Registered Agent

Name

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

**457 HAVEN POINT DRIVE**

**ST PETERSBURG**

City

**FL**

Zip Code

**33706**

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

*Fredrick J. Abel* **FREDRICK J. ABEL**  
 President

**1-31-02**

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, 2002 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          | <b>PD</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>ABEL, FREDRICK J</b>    |                                 |
| STREET ADDRESS | <b>5529 DEER CREEK DR.</b> |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL 32821</b>    |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          |                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                |  |
| STREET ADDRESS | <b>457 HAVEN POINT DRIVE</b>   |  |
| CITY-ST-ZIP    | <b>ST PETERSBURG, FL 33706</b> |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |

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:

*Fredrick J. Abel* **FREDRICK J. ABEL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-02**

**727-363-0766**

Date

Daytime Phone #

CR2E034 (9/01)