

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000073047

1. Entity Name

ST. ABANOUB GROUP, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90070 014 ***150.00

Principal Place of Business

219 LYTTON CIR
ORLANDO FL 32824

Mailing Address

219 LYTTON CIR
ORLANDO FL 32824

717188



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5225 HWY 27N.

Suite, Apt. #, etc.

DAVENPORT

City & State

FL - 33837

3. Mailing Address

5225 HWY 27N.

Suite, Apt. #, etc.

DAVENPORT FL

City & State

DAVENPORT FL

4. FEL Number

09-3664895

Applied For

Not Applicable

Zip

33837

Country

POLK

Zip

33837

Country

POLK

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SONNENSCHIN, MICHAEL D
1420 ALAFAYA TR, STE 101
OVIEDO FL 32765

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PRESIDENT, TREASURER
STREET ADDRESS DIRECTOR
CITY-ST-ZIP SAMEH S. GIRGES
5225 HWY 27N.
DAVENPORT, FL 33837TITLE ☐ Delete
NAME VICE PRES, SECRETARY, DIRECTOR
STREET ADDRESS MARGARET M. GIRGES
CITY-ST-ZIP 5225 HWY 27N.
DAVENPORT, FL 33837TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)