

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109344

1. Entity Name

AFFILIATED BUSINESS CONSULTANTS OF NORTH AMERICA

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90071 042 ***150.00

Principal Place of Business

1331 E LAFAYETTE ST. STE F
TALLAHASSEE FL 32301

Mailing Address

1331 E LAFAYETTE ST. STE F
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

LEON

LEON

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE
Root to IRS on 2/15/01

4. FEI Number

☒ Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers 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

N/A

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 President
NAME Deborah J. Turner ☐ Delete
STREET ADDRESS 4500 Sailbreeze Ct.
CITY-ST-ZIP Orlando, FL 32810

TITLE (Sec/Treas)
NAME DAVID R. Taylor ☐ Delete
STREET ADDRESS 1331 E. Lafayette Street
CITY-ST-ZIP Ste F, Tallahassee, FL 32301

TITLE (Vice Pres)
NAME Barbara P. Burke ☐ Delete
STREET ADDRESS 959 Stonewood Lane
CITY-ST-ZIP Maitland, FL 32751

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ 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:

David R. Taylor, Officer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01

Date

850 942 5464

Daytime Phone #

CR2E034 (10/00)