

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90212 044 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000029330**

1. Entity Name  
**ABCO PAYROLL SERVICES INC.**



Principal Place of Business  
**4301 32ND STREET WEST  
SUITE A-16  
BRADENTON, FL 34205**

Mailing Address  
**4301 32ND STREET WEST  
SUITE A-16  
BRADENTON, FL 34205**

*Note change*

2. Principal Place of Business  
**4301 32nd Street West**

3. Mailing Address

Suite, Apt. #, etc.

**Suite D-4**

Suite, Apt. #, etc.

**SHMR**

City & State

**Bradenton, FL**

City & State

**FL**

Zip

**34205-2749**

Country

**Manatee**

Zip

**FL**

Country

**FL**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-1088061**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired: ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**REYNOLDS, KENNETH R  
310 73RD STREET NW  
BRADENTON, FL 34209**

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 amending)

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

TITLE	D,P	<input type="checkbox"/> Delete
NAME	REYNOLDS, KENNETH R	
STREET ADDRESS	310 73RD STREET NW	
CITY-ST-ZIP	BRADENTON, FL 34209	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P, S, C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reynolds, Kenneth R	
STREET ADDRESS	310 73rd Street NW	
CITY-ST-ZIP	Bradenton, FL 34209	
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		

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/2003*  
Date

*(941) 755-9511*  
Daytime Phone #

CR2E034 (10/02)