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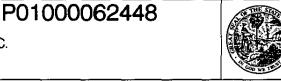
Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91504 038 ***150.00

2003	FOF	RPRO	OFIT (CORPO	RAT	TION
UNIFO	RM	BUSI	NESS	REPO	RT ((UBR

DOCUMENT #

1. Entity Name

A&B CIVIL PROCESS, INC.



Principal Place of Business 257 SUNSHINE DR COCONUT CREEK FL 33066			Mailing Address 257 SUNSHINE DR COCONUT CREEK FL 33066									
2. Principal Place of Business		3. Malling Address			7			ING KUNI DIBAL	11161 IBN 18U			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.	FEI Number 01-0557239			pplied For ot Applicable		
Zip	Zip Country			Country		5.	Certificate of Status Desired		\$8.75 Ad Fee Requir			
	6. Name	and Address of Current	Register	ed Agent			7.	Name and Address of New Re	gistered A	gent		
ALBERT 1	WENNO E	•				Name						
ALBERT, VENUS F 257 SUNSHINE DR				Street Address (ss (P.O. E	P.O. Box Number is Not Acceptable)				
COCONU	T CREEK FI	L 33066						· · · · · · · · · · · · · · · · · · ·				
						City	<u>.</u>		FL	Zip Cod	de	
	named entity tions of regist		the purp	oose of changing its	register	ed office or regi	istered ag	ent, or both, in the State of Flor	ida. Lam fa	amiliar with	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if app	olicable. (NOTE	: Registere	ed Agent signature rec	quired when re	einstating)	DATE			
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State					Election Campaign Fina Trust Fund Contribution			00 May Be d to Fees	
10.		OFFICERS AND	DIRECTO	I DRS	11.		A£	DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBERT, V 257 SUNS COCONUT	/ENUS		☐ Delete	TITL' NAM STRE	E		:		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALBERT, E 257 SUNS COCONUT			☐ Delete		1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	t Berrios, 257 Suns Coconut		_	Delete		, I.				☐ Change-	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	•	□ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I .	·		-	Change	☐ Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLI NAM STRE	,				☐ Change	Addition	

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP