2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 amg Secretary of State P01000083387 DOCUMENT # 1. Entity Name 05-13-2002 90058 003 ***150.00 ABBEY INVESTMENTS, INC. Principal Place of Business Mailing Address Buuv.-4124 TYNDALE DRIVE POST OFFICE BOX 1328. BRANDON FL 33511 BRANDON FL 33509-1328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc., Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FELNumber 59-37401/2 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, DONNA L Street Address (P.O. Box Number is Not Acceptable) 4124 TYNDALE DRIVE **BRANDON FL 33511** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE TITLE Delete ☐ Addition SMITH, DONNA L NAME NAME STREET ADDRESS 4124 TYNDALE DRIVE STREET ADDRESS CITY-ST-ZIP **BRANDON FL 33511** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, TODD A 4124 TYNDALE DRIVE STREET ADDRESS STREET ADDRESS **BRANDON FL 33511** CITY_ST_ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De'ete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

4-25-02 8/3-654-5176

Date Daytime Phone #

FILED