

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90020 005 ***158.75

DOCUMENT # P01000087032

1. Entity Name
ABYTE COMMUNICATIONS, INC.

Principal Place of Business

6712 S. HESPERIDES ST.
TAMPA FL 33616

Mailing Address

6712 S. HESPERIDES ST.
TAMPA FL 33616



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4556 S Manhattan

3. Mailing Address

PO Box 19385

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite I

City & State

City & State

Tampa FL 33611

Tampa, FL 33686

4. FEI Number

59-3750358

Applied For

Not Applicable

Zip

Country

Zip

Country

33611

33686

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

BOWE, DEBRA A
6712 S. HESPERIDES ST.
TAMPA FL 33616

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, 2002 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

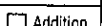
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
BOWE, DEBRA A
6712 S. HESPERIDES ST.
TAMPA FL 33616



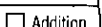
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
D
BOWE, STEPHEN
6712 S. HESPERIDES ST.
TAMPA FL 33616



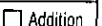
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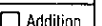
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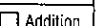
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CR2E034 (9/01)

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.

Debra A. Bowe

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-2002

Date

813-832-3359

Daytime Phone #