

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91050 027 ***150.00

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DOCUMENT # P02000039083

1. Entity Name
AMERICAN BUSINESS INTER-NETWORK, INC.



Principal Place of Business
**1850 PROVIDENCE LAKES RD #510
BRANDON FL 33511**

Mailing Address
**1850 PROVIDENCE LAKES RD #510
BRANDON FL 33511**



2. Principal Place of Business
4907 COPPER CANYON BLVD
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 1230
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
VALRICO, FL

City & State
BRANDON, FL

4. FEI Number
01:0710010

Applied For
Not Applicable

Zip Country
33594 HILLSBOROUGH

Zip Country
33509 HILLSBOROUGH

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

MOFFA, ARTHUR A
1850 PROVIDENCE LAKES RD #510
BRANDON FL 33511

Name

Street Address (P.O. Box Number is Not Acceptable)

4907 COPPER CANYON BLVD

City **VALRICO**

FL

Zip Code
33594

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.

ARTHUR A. MOFFA

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

4/15/2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MOFFA, ARTHUR A**
STREET ADDRESS **1850 PROVIDENCE LAKES RD #510**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **PRES + SEC/TREAS.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Delete
NAME **MOFFA, JEANETTE R**
STREET ADDRESS **1850 PROVIDENCE LAKES RD #510**
CITY-ST-ZIP **BRANDON FL 33511**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **ARTHUR A. MOFFA** **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4/15/2003** Daytime Phone # **813-404-3570**

CR2E034 (10/02)