

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90113 012 ***150.00

DOCUMENT # P02000095798

1. Entity Name
ABC EXCHANGE, INC.



Principal Place of Business
315 GRAND MAGNOLIA AVE., APT. 115
CELEBRATION FL 34747

Mailing Address
315 GRAND MAGNOLIA AVE., APT. 115
CELEBRATION FL 34747



2. Principal Place of Business
4360 CONROY CLUB DR.
Suite, Apt. #, etc.

3. Mailing Address
4360 CONROY CLUB DR.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL.

City & State
ORLANDO, FL.

4. FEI Number
54-2069016

Applied For
Not Applicable

Zip
32835

Country
ORANGE County

Zip
32835

Country
ORANGE County

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

BERNAL, ANDRES
315 GRAND MAGNOLIA AVE., APT. 115
CELEBRATION FL 34747

Name
Street Address (P.O. Box Number is Not Acceptable)
4360 CONROY CLUB DR.
City ORLANDO, FL. FL Zip Code 32835

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 _____ (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNAL, ANDRES 315 GRAND MAGNOLIA AVE., APT. 115 CELEBRATION FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICO, MARIA S 315 GRAND MAGNOLIA AVE., APT. 115 CELEBRATION FL 34747	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4360 CONROY CLUB DR. ORLANDO, FL. 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/03

(321) 277-3547

Date

Daytime Phone #

CR2E034 (10/02)