

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077974

Entity Name: ABM OF TAMPA BAY, INC.

FILED  
Jun 30, 2005  
Secretary of State

## Current Principal Place of Business:

1525 W. HILLSBOROUGH AVENUE  
TAMPA, FL 33603 US

## New Principal Place of Business:

202 SOUTH WHEELER STREET  
PLANT CITY, FL 33563 US

## Current Mailing Address:

1525 W. HILLSBOROUGH AVENUE  
TAMPA, FL 33603 US

## New Mailing Address:

202 SOUTH WHEELER STREET  
PLANT CITY, FL 33563 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARTZIBUSHEV, DIMITRI  
1525 W. HILLSBOROUGH AVENUE  
TAMPA, FL 33603 US

## Name and Address of New Registered Agent:

UTEK CORPORATION  
202 SOUTH WHEELER STREET  
PLANT CITY, FL 33563 US

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: CAROLE R. WRIGHT

06/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete  
Name: ARTZIBUSHEV, DIMITRI  
Address: 1525 W. HILLSBOROUGH AVENUE  
City-St-Zip: TAMPA, FL 33603 US

Title: ST ( ) Delete  
Name: ARTZIBUSHEV, DIMITRI  
Address: 1525 W. HILLSBOROUGH AVENUE  
City-St-Zip: TAMPA, FL 33603 US

Title: D (X) Delete  
Name: MALHI, DHANNA S MD  
Address: 1525 W HILLSBOROUGH AVENUE  
City-St-Zip: TAMPA, FL 33603 US

Title: D (X) Delete  
Name: BEAN, THOMAS J  
Address: 5050 W. LEMON STREET  
City-St-Zip: TAMPA, FL 33609 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/T (X) Change ( ) Addition  
Name: CAROLE, WRIGHT  
Address: 202 SOUTH WHEELER STREET  
City-St-Zip: PLANT CITY, FL 33563 US

Title: P (X) Change ( ) Addition  
Name: DOUG, SCHAEGLER  
Address: 202 SOUTH WHEELER STREET  
City-St-Zip: PLANT CITY, FL 33563 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE R. WRIGHT

S/T

06/30/2005

Electronic Signature of Signing Officer or Director

Date