

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044009

1. Entity Name  
**ABBEY ART & FRAME, INC.**

**FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90498 049 \*\*\*150.00

Principal Place of Business  
**4211 W WATERS AVE**  
**SUITE D**  
**TAMPA FL 33614**  
**US**

Mailing Address  
**4211 W WATERS AVE**  
**SUITE D**  
**TAMPA FL 33614**

00033432



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |                                                           |  |                                |  |
|--------------------------------|---------|---------------------|---------|-----------------------------------------------------------|--|--------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number <b>59-3250166</b>                           |  | Applied For                    |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |                                                           |  | Not Applicable                 |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | \$8.75 Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |                                                           |  |                                |  |

|                                                                                                                                                     |  |  |  |                                                    |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------|--|--|--|
| 6. Name and Address of Current Registered Agent                                                                                                     |  |  |  | 7. Name and Address of New Registered Agent        |  |  |  |
| <b>ABBEY, JAYE R</b><br><del><b>4500 BLOOMSBURY CT</b></del> <b>9204 BRINDLEWOOD DR</b><br><del><b>TAMPA FL 33624</b></del> <b>ODESSA, FL 33556</b> |  |  |  | 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 \_\_\_\_\_ (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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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                      | NAME                 | STREET ADDRESS            | CITY-ST-ZIP           | TITLE                                                 | NAME | STREET ADDRESS             | CITY-ST-ZIP             |
|                            | <b>PSTD</b>          | <b>4500 BLOOMSBURY CT</b> | <b>TAMPA FL 33624</b> |                                                       |      |                            |                         |
|                            | <b>ABBEY, JAYE R</b> |                           |                       |                                                       |      | <b>9204 BRINDLEWOOD DR</b> | <b>ODESSA, FL 33556</b> |
|                            |                      |                           |                       |                                                       |      |                            |                         |
|                            |                      |                           |                       |                                                       |      |                            |                         |
|                            |                      |                           |                       |                                                       |      |                            |                         |
|                            |                      |                           |                       |                                                       |      |                            |                         |
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|                            |                      |                           |                       |                                                       |      |                            |                         |
|                            |                      |                           |                       |                                                       |      |                            |                         |

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-10-2001** **813-886-7772**  
 Date Daytime Phone #

CR2E034 (10/00)