

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082111

1. Entity Name
ABG ENTERPRISES, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90094 047 ***150.00

Principal Place of Business

**201 NORTH FRANKLIN ST.
SUITE 2100
TAMPA FL 33602**

Mailing Address

**201 NORTH FRANKLIN ST.
SUITE 2100
TAMPA FL 33602**

2. Principal Place of Business

1302 W. Sligh Avenue

Suite, Apt. #, etc.

Ste. C

City & State

Tampa, FL

Zip

33604

Country

USA

3. Mailing Address

1302 W. Sligh Avenue

Suite, Apt. #, etc.

Ste. C

City & State

Tampa, FL

Zip

33604

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3277323**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ANNIS, MICHAEL D
201 NORTH FRANKLIN ST.
SUITE 2100
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

Michael D. Ward

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

1302 W. Sligh Avenue, Ste. C

City

Tampa, FL

FL

Zip Code
33604

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 *Michael D. Ward* **Michael D. Ward**

1/18/01

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, 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

TITLE **D** ☐ Delete
NAME **DICKSON, LAWRENCE F**
STREET ADDRESS **4809 CULBREATH ISLES RD.**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ Delete
NAME **HALL, WILBUR**
STREET ADDRESS **2117 CARROLL GARDEN LANE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 *Lawrence F. Dickson* **Lawrence F. Dickson, VP**

1/18/01

(813) 932-1779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)