

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072151

1. Entity Name

ABP, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90003 030 ***150.00

Principal Place of Business

Mailing Address

7803 N. ORANGE BLOSSOM TRAIL
SUITE 2
ORLANDO FL 32810
US

7803 N. ORANGE BLOSSOM TRAIL
SUITE 2
ORLANDO FL 32703-5710
US

2. Principal Place of Business

2151 E SEMORAN BLVD

3. Mailing Address

2151 E SEMORAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Apopka FL

City & State

Apopka FL

4. FEI Number

59-3359892

Applied For

Not Applicable

Zip

32703

Country

US

Zip

32703

Country

US

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

WILSON, BRUCE H
7803 N. ORANGE BLOSSOM TRAIL
SUITE 2
ORLANDO FL 32810

Name
WILSON, BRUCE H

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

2151 E SEMORAN BLVD

City
Apopka

FL

Zip Code
32703

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

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

(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. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	P	<input type="checkbox"/> Delete
NAME	WILSON, BRUCE H	
STREET ADDRESS	7803 N. ORANGE BLOSSOM TRAIL, #2	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KELLEY, LLOYD A	
STREET ADDRESS	7803 N. ORANGE BLOSSOM TRAIL, #2	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BRUCE H	
STREET ADDRESS	2151 E SEMORAN BLVD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, LLOYD A	
STREET ADDRESS	2151 E SEMORAN BLVD	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Bruce H Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407 295 5009

CR2E034 (9/99)