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Daytime Phone #

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

May 06, 2003 8:00 am Secretary of State P95000072151 DOCUMENT # 05-06-2003 90166 001 \*1.587.50 1. Entity Name ABP, INC. Principal Place of Business Mailing Address 10100191 2151 E SEMORAN BLVD 2151 E SEMORAN BLVD APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3359892 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRAUMGARDNER, WILLIAM L JR Street Address (P.O. Box Number is Not Accept 2/5/ E SemoRAN & 2151 E SEMORAN BLVD APOPKA FL 32703 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. I am familiar with, and accept the obligations of registered age SIGNATURE Signature, typed or print (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete Change ☐ Addition TITLE BAUMGARDNER, WILLIAM L JR NAME NAME STREET ADDRESS 2151 E.SEMORAN BLVD STREET ADDRESS APOPKA FL 32703 CITY-ST-7IP CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition BAUMGARDNER, ANNA K NAME NAME STREET ADDRESS 2151 E.SEMORAN BLVD STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP **X** Change TITLE ☐ Delete ☐ Addition TITLE BAUMGArdNee BriAN 2151 E. Somokan Blvd. NAME BAUMGARDBER, BRAIN J NAME STREET ADDRESS 2151 E.SEMORAN BLVD STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an addings, with all other like propowered.

D NAME OF SIGNING OFFICER OR DIRECTOR