

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000027968**1. Entity Name
ABKEY NO. 14, INC.

Principal Place of Business	Mailing Address
3444-48 MAIN HIGHWAY	P.O. BOX 330927
COCONUT CROVE FL	COCONUT CROVE FL
332330927 US	332330927 US

2. Principal Place of Business	3. Mailing Address
3444-48 MAIN HIGHWAY	

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
COCONUT CROVE FL	

Zip	Country	Zip	Country
33133	US		

4. FEI Number	Applied For
65-0666880	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 BISCAYNE BOULEVARD
1600 MIAMI CENTER
MIAMI FL
33131 US

7. Name and Address of New Registered Agent

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 _____ **04/26/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	DV	<input type="checkbox"/> Delete
NAME	AMOS JEFFREY	
STREET ADDRESS	113 PINNACLE PL	
CITY-ST-ZIP	SMYRNA TN 37167	
TITLE	PST	<input type="checkbox"/> Delete
NAME	AMOS BETTY G	
STREET ADDRESS	3444-48 MAIN HIGHWAY	
CITY-ST-ZIP	COCONUT CROVE FL 33133	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMOS JEFFREY	
STREET ADDRESS	1695 MEMORIAL BOULEVARD	
CITY-ST-ZIP	MURFREESBORO TN 37129	
TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMOS BETTY G	
STREET ADDRESS	3444-48 MAIN HIGHWAY	
CITY-ST-ZIP	COCONUT CROVE FL 33133	
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		
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: BETTY G. AMOS**PSTD 04/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)