

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90138 013 \*\*\*150.00

**DOCUMENT # P96000054055**

1. Entity Name  
**ABINITIO HOLDINGS, INC.**

Principal Place of Business Mailing Address  
~~6126 OAK CLUSTER CIR~~ ~~P O BOX 262963~~  
~~TAMPA FL 33634~~ ~~TAMPA FL 33685-2963~~



2. Principal Place of Business 3. Mailing Address  
**3803 WEST GRAY STREET** **3803 WEST GRAY STREET**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For  
**TAMPA, FLORIDA** **TAMPA, FLORIDA** **59-3395774** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required  
**33609** **USA.** **33609** **U.S.A.**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

~~CAIRNS, ROBERT~~  
~~6126 OAK CLUSTER CIR~~  
~~TAMPA FL 33634~~

Name **CAIRNS, ROBERT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3803 WEST GRAY STREET**  
 City **TAMPA** FL Zip Code **33609**

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]* **Robert Cairns** **01-07-02**  
(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, 2002 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	<b>P</b> <input type="checkbox"/> Delete	TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAIRNS, ROBERT</b>	NAME	<b>ROBERT CAIRNS</b> <b>(ADDRESS ONLY)</b>
STREET ADDRESS	<b>6126 OAK CLUSTER CIRCLE</b>	STREET ADDRESS	<b>3803 WEST GRAY STREET</b>
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	CITY-ST-ZIP	<b>TAMPA, FLORIDA 33609</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **Robert Cairns** **01.07.02** **813.874.5506**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)