

# 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

~~6126 OAK CLUSTER CIR~~  
~~TAMPA FL 33634~~

Mailing Address

~~P O BOX 262963~~  
~~TAMPA FL 33685-2963~~

2. Principal Place of Business

**3803 WEST GRAY STREET**

3. Mailing Address

**3803 WEST GRAY STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA, FLORIDA**

City & State

**TAMPA, FLORIDA**

4. FEI Number

**59-3395774**

Applied For

Not Applicable

Zip

**33609**

Country

**USA.**

Zip

**33609**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CAIRNS, ROBERT**

~~6126 OAK CLUSTER CIR~~  
~~TAMPA FL 33634~~

7. Name and Address of New Registered Agent

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

**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

TITLE **P** ☐ Delete  
NAME **CAIRNS, ROBERT**  
STREET ADDRESS **6126 OAK CLUSTER CIRCLE**  
CITY-ST-ZIP **TAMPA FL 33634**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **ROBERT CAIRNS**  
STREET ADDRESS **3803 WEST GRAY STREET**  
CITY-ST-ZIP **TAMPA, FLORIDA 33609**  
**(ADDRESS ONLY)**

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert Cairns**

**01.07.02**

**813.874.5506**

Date

Daytime Phone #

CR2E034 (9/01)