

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90022 041 \*\*\*150.00

**DOCUMENT # P96000093087**

1. Entity Name  
**A.B. DESIGN GROUP, INC.**

Principal Place of Business

**481 N. STATE RD. 434  
 STE 117  
 ALTAMONTE SPRINGS FL 32714  
 US**

Mailing Address

**481 N. STATE RD. 434  
 STE 117  
 ALTAMONTE SPRINGS FL 32714  
 US**



2. Principal Place of Business

**1441, CR 427 North**  
 Suite, Apt. #, etc.

3. Mailing Address

**1441, CR 427 North**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**LONGWOOD, FL.**

City & State  
**LONGWOOD FL.**

4. FEI Number **59-3411002**

Applied For  
 Not Applicable

Zip Country  
**32750 USA**

Zip Country  
**32750 USA**

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

**BUEHLER, AL  
 481 N. STATE RD. 434  
 STE 117  
 ALTAMONTE SPRINGS FL 32714**

Name **AL BUEHLER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1441, CR 427 North**  
 City **LONGWOOD, FL** Zip Code **32750**

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 *Albert Buehler*  
 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, 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  Delete  
 NAME **DP BUEHLER, AL**  
 STREET ADDRESS **1441 COUNTY RD. 427 N.**  
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DS PERDUE, ROSS S.**  
 STREET ADDRESS **128 SHOMATE DR.**  
 CITY-ST-ZIP **LONGWOOD FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DT TELESZ, JAMES P.**  
 STREET ADDRESS **2707 BALKAN ST.**  
 CITY-ST-ZIP **APOPKA FL**

TITLE  Change  Addition  
 NAME **TELESZ, JAMES P.**  
 STREET ADDRESS **612 CHATAS CT.**  
 CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE  Delete  
 NAME **V BAKER, SR., MICHAEL A**  
 STREET ADDRESS **481 N. STATE RD. 434**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **COYNE, KENNETH**  
 STREET ADDRESS **V.P. ENGINEERING**  
 CITY-ST-ZIP **942 Delfino Place Lake Mary, FL 32746**

TITLE  Delete  
 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: *James P. Telesz* **SIGNATURE REQUIRED**  
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/7/02** **407-774-6078**  
 Date Daytime Phone #

CR2E034 (9/01)