## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 25, 2003 8:00 am Secretary of State

1. Entity Name ABY THE	#P9700l ENUMBER SEWICE, I	ACCOUNTING	9			04-25-2003 9028	31 049 ***150.00	
DO NOT WRITE IN THIS SPACE						90105902		
<ol> <li>Principal Place of Business</li> <li>1929 Imperial Golf Course Blvd.</li> </ol>		Mailing Address     1929 Imperial Golf Course blvd.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State Naples, Florida		City & State Naples, Florida			<b>4.</b> FE	59-3422996_	Applied For Not Applicable	
Zip 34110	Country USA	Ζίρ <b>34110</b>	Count USA		<b>5</b> . Ce		8.75 Additional ee Required	
					7. Nan	ne and Address of Current Registered	<del> </del>	
DO NOT WRITE IN THIS SPACE			2	Name David Wakeland Jr.  Street Address (P.O. Box Number is Not Acceptable)  1929 Imperial Golf Course Blvd.				
			<b>9</b>					
				City Manles E1 Zip Code				
	ty submits this statement for	r the purpose of obanging	its <b>/</b> egistere			nt, or both, in the State of Florida. I am far	34110 miliar with, and accept	
the obligations of regis	trued h	Liberd	<u>L.                                     </u>			4/23.	/03	
	or primed name of registered agent a ay 1 Fee is \$150.00	вно ине п аррисария. ( >	NO IE: Registered	a Agent signan	re required when rein	stating) , DATE		
Amended	1, Fee is \$550.00 I UBR is \$61.25 o Florida Department of	State			•	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Amended Make Check Payable to 10.	1, Fee is \$550.00 I UBR is \$61.25	\$745 (\$v.97\$7,363	( 18 v)		numariaturi on			
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12. I fereby certify that the information supplied with this filling 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 on an attachment with an address; with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/03 239-596-972

Daytime Phone