

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013805

1. Entity Name
ABR IVDS, INC.

Principal Place of Business

6608 ADAMO DRIVE
TAMPA FL 33619

Mailing Address

6608 ADAMO DRIVE
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GOLD, AARON J ESQ
GOLD & RESNICK, P.A.
704 WEST BAY STREET
TAMPA FL 33606

4. FEI Number 59-3429019

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

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

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, 2001 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 STD
NAME SLATTON, KIME L
STREET ADDRESS 6608 ADAMO DRIVE
CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

TITLE PD
NAME SLATTON, NORMAN W SR
STREET ADDRESS 6608 ADAMO DRIVE
CITY-ST-ZIP TAMPA FL 33619 ☒ Delete

TITLE VD
NAME SLATTON, MONTE
STREET ADDRESS 6608 ADAMO DRIVE
CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VP
NAME LOIS SLATTON
STREET ADDRESS 6608 ADAMO DR.
CITY-ST-ZIP TAMPA, FL 33619 ☐ Change ☒ Addition

TITLE PRES
NAME SLATTON, MONTE
STREET ADDRESS 6608 ADAMO DR.
CITY-ST-ZIP TAMPA, FL 33619 ☒ Change ☐ Addition

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

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

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

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

4-2-01

Date

813-623-5461

Daytime Phone #

CR2E034 (10/00)

0350539



DO NOT WRITE IN THIS SPACE