

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040135

1. Entity Name

A.B.Y.L.E. ENTERPRISES, INC.

FILED

Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90109 008 ***150.00

Principal Place of Business

Mailing Address

10506 WOODLAND DRIVE
HUDSON FL 34669

10506 WOODLAND DRIVE
HUDSON FL 34669-2121

2. Principal Place of Business

7236 S.R. 52

3. Mailing Address

Suite, Apt. #, etc.

Suite 8

City & State

Hudson, FL

Zip

34667

Country

USA

4. FEI Number

59-3448588

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZEOLI, SAM JR.
8413 JACARANDA AVE.
SEMINOLE FL 33777-3619

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, 2000 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 PD ☐ Delete
NAME ODELL, LINDA G
STREET ADDRESS 10506 WOODLAND DR
CITY-ST-ZIP HUDSON FL 34669

TITLE VPD ☐ Delete
NAME DENNISON, WILLIAM L
STREET ADDRESS 10506 WOODLAND DR
CITY-ST-ZIP HUDSON FL 34669

TITLE TD ☐ Delete
NAME ZEOLI, SAM JR
STREET ADDRESS 8413 JACARANDA AVE
CITY-ST-ZIP SEMINOLE FL 33777

TITLE SD ☒ Delete
NAME DENNISON, WILLIAM L JR.
STREET ADDRESS 10506 WOODLAND DR
CITY-ST-ZIP HUDSON FL 34669

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/S/D ☒ Change ☐ Addition
NAME Odell, Linda G.
STREET ADDRESS 10506 Woodland Dr.
CITY-ST-ZIP Hudson, FL. 34669

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

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

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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:

Linda G. Odell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2000

727-697-1080

Date

Daytime Phone #

CR2E034 19/99