2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P97000087864

1. Entity Name ABEO INC.

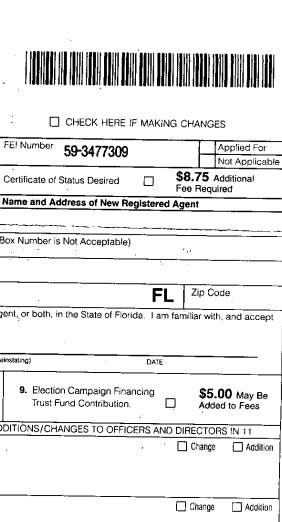
Principal Place of Business 2766 N.E. 161ST LANE **CITRA FL 32113** US

Mailing Address 2766 N.E. 161ST LANE **CITRA FL 32113** US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90423 019 ***150.00



City & State		City & State			4. FEI Number 59-3477309				Applied For
Zip	Country	Zip	Coun	Country					Not Applicable
		·	000,	· .	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Curr	rent Registered Agent			7. Name	and Address of New Re	gistered		
QTEVENO	S EVA A			Name				_ <u>_</u>	
STEVENS, EVA A				Street Address (
2766 N.E. 161ST LANE CITRA FL 32113			٠.	Street Address (P.O. Box Number is Not Acceptable)					
ČIITA FL	L 32113			, , , , , ,			٠,		
<u>÷</u>				City			FL	Zip Co	
8. The above the obliga	e named entity submits this statementations of registered agent.	nt for the purpose of changing its	s registere	ed office or register	red agent, o	r both, in the State of Flori	ida. I am	familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NO)	F: Pegistered	 Agent signature required					
	FILE NOW!!! FEE IS \$150.00	(NOT		Agent signature required	when reinstating	i)	DATE		·
	r May 1, 2003 Fee will be \$550.	nn			9.	Election Campaign Fina	ncina	ės (00 May Be
Make Check	k Payable to Florida Departmen	t of State				Trust Fund Contribution.	[d May Be d to Fees
.10.	OFFICERS A	ND DIRECTORS	11.		ADDITIO	NS/CHANGES TO OFFIC). NEDO AAU		
TITLE	PVTS	☐ Delete	TITLE		ADDITIO	NS/CHANGES TO OFFIC	ERS ANI	DIRECTOR	
NAME .	STEVENS, EVA A.	•	NAME		•		•	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	2766 NE 161ST LANE CITRA FL 32113			T ADDRESS -					
	DCM		CITY-	ST-ZIP					!
TITLE NAME	STEVENS, EVA A.	☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS	2766 N.E. 161ST LANE		NAME	T ADDRESS					
CITY-ST-ZIP	CITRA FL 32113		CITY-S	1					
TITLE		☐ Delete	TITLE						- A 150
NAME	The same the same that the same is a second of the same that the same is a second of the same that the same is a second of the same that the s		NAME_	· · · · · · · · · · · · · · · · · · ·				☐ Change	Addition
STREET ADDRESS				ADDRESS	~	The second second	, -		
CITY-ST-ZIP			CITY-S	JT-ZIP					
TITLE NAME		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
STREET ADDRESS			NAME	ADDRESS					
CITY-ST-ZIP			CITY-S	1 1					1
TITLE	<u> </u>	□ Delete	TITLE						
NAME	•	2.3 0000	NAME					☐ Change	Addition
STREET ADDRESS			STREET	ADDRESS			4		
CITY-ST-ZIP			CITY-S	T-ZIP		•			ĺ
TITLE NAME		☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS			NAME	1					
CITY-ST-ZIP				ADDRESS					
12 I hereby ce	ertify that the information quality w	ide de la Cita de la C	CITY-ST	- ZIP					

I nereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: