

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103384

1. Entity Name

ABBY OLIVE CORPORATION

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90023 036 ***150.00

Principal Place of Business

2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713

Mailing Address

2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713-4059

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3480962

Applied For

Not Applicable

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

SCHERER, CLARK H III
2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33713

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---------------------------------|--|--|---|
| D SCHERER, CLARK H III 2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713 | | <input type="checkbox"/> | | | <input type="checkbox"/> |
| D AGUIRRE, FRED C 131 ROSWELL STREET, SUITE B-1 ALPHARETTA GA 30004 | | <input type="checkbox"/> | | | <input type="checkbox"/> |
| D SERTICH, LARRY 131 ROSWELL STREET, SUITE B-1 APHARETTA GA 30004 | | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | | <input type="checkbox"/> | | | <input type="checkbox"/> |
| | | <input type="checkbox"/> | | | <input type="checkbox"/> |

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-00

Date

727-327-1089

Daytime Phone #

CR2E034 (9/99)