

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90806 031 \*\*\*550.00

DOCUMENT # **P97000104008**

1. Entity Name  
**ABN SERVICES, INC.**

Principal Place of Business

**3406 KILMER DR  
 PLANT CITY FL 33567  
 US**

Mailing Address

**3406 KILMER DR  
 PLANT CITY FL 33567  
 US**

2. Principal Place of Business

**957 LANG DR**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 578**  
 Suite, Apt. #, etc.

City & State

**GAHANNA, OH**

City & State

**NEW ALBANY, OH**

4. FEI Number

**59-3485931**

Applied For

Not Applicable

Zip

Country

**FRANKLIN**

Zip

Country

**FRANKLIN**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KAIN, LISA B  
 3406 KILMER DR  
 PLANT CITY FL 33567**

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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>STPD<br/>KAIN, LISA B<br/>3406 KILMER DR<br/>PLANT CITY FL 33567</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>BOLES, DAVID E<br/>3406 KILMEE DR.<br/>PLANT CITY FL 33567</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PRESIDENT<br/>422 1/2 NORTH AVE.<br/>GIRARD, OH 44420</b>                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VICE-PRESIDENT<br/>MICHAEL H. AVEY<br/>517 E. PROSPECT ST.<br/>GIRARD, OH 44420</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SECRETARY / TREASURER<br/>JOHN NADLER<br/>957 LANG DR.<br/>GAHANNA, OH 43230</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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**

Date

Daytime Phone #