

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91325 005 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **98000034652**

1. Entity Name

**ABL GROUP OF DAYTONA, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**120 International Pkwy**

Suite, Apt. #, etc.

**Suite 220**

City & State

**Heathrow, FL**

Zip

**32746**

Country

**USA**

3. Mailing Address

**120 International Pkwy**

Suite, Apt. #, etc.

**Suite 220**

City & State

**Heathrow FL**

Zip

**32746**

Country

4. FEI Number

**59-3503729**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**JOSEPH LOGUIDICE, CPA**

Street Address (P.O. Box Number is Not Acceptable)

**555 W. GRANADA BLVD**

**Suite B-5**

City

**ORMOND BEACH**

FL

Zip Code

**32174**

**DO NOT WRITE  
IN THIS SPACE**

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]*

**JOE LOGUIDICE**

**4/24/2002**

Signature of officer or director, 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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DIRECTOR  
ARNOLA LEONORA  
120 International Pkwy - Suite 220  
Heathrow, FLA 32746**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address within the State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ARNOLA LEONORA**

**APRIL 24, 2002**

Date

Daytime Phone #

**(407) 304.4790**

CR2E034B (12/01)