

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90162 026 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P98000034652**

1. Entity Name  
**ABL GROUP OF DAYTONA, INC.**



**90131675**

Principal Place of Business      Mailing Address  
**120 INTERNATIONAL PKWY**      **120 INTERNATIONAL PKWY**  
**SUITE 220**      **SUITE 220**  
**HEATHROW, FL 32746**      **HEATHROW, FL 32746**

2. Principal Place of Business      3. Mailing Address  
**555 N. Granada Blvd**  
State, Apt. #, etc.      Suite, Apt. # etc.  
**B-5**  
City & State      **Ormond Bch FL**  
Zip      Country      Zip **32174**      Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3503729**      Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent  
**LOGUIDICE, JOSEPH A**  
**565 W GRANADA BLVD**  
**SUITE B-6**  
**ORMOND BEACH, FL 32174**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering)      DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be  
Trust Fund Contribution.      Added to Fees

| 10. OFFICERS AND DIRECTORS |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|----------------------------|---------------------------------|--|---|---------------------------------|-----------------------------------|
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                                 |  | NAME  |                                 |                                   |
| STREET ADDRESS             |                                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                                 |  | CITY-ST-ZIP   |                                 |                                   |

12. 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arnold Leamon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03  
Date      City/State/Zip

CH2E034 (10/02)

Attachment Do# 90131675  
P980000034652

**Division of Corporations**

**P. O. Box 1500**

**Tallahassee, Florida 32302-1500**

May 2, 2003

Dear Sir or Madam:

This letter is to inform your office that I never received my UBR form to file it for 2003. Last year we asked the dep of state to change our mailing address and to up date your records, this did not happen. I mostly work out of the country and have my mail going to my account at the address we requested to have all mail change to. I called the Dep of state and they advised me to down lode a blank form. Your office also advised me to send a letter stating I did not receive my form and give the correct mailing address so the form can get to me on time next year. Your office said all penalties would be waved. Thank you for your time in concerning this matter.

Sincerely,

ABL GROUP OF DAYTONA, INC