

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057807

1. Entity Name  
FLORIDA INDUSTRIAL BATTERY SERVICES, INC.

Principal Place of Business  
2739 W. 79TH STREET  
BAY 18  
HIALEAH FL 33016

Mailing Address  
2739 W. 79TH STREET  
BAY 18  
HIALEAH FL 33016

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip      Country

Zip      Country

### 6. Name and Address of Current Registered Agent

MACONE, DANIEL A. ESQ.  
780 N.W. LEJEUNE ROAD  
SUITE 423  
MIAMI FL 33126

### 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, 2001 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

PT  
ABBOTT, YVETTE B  
2739 W. 79TH STREET  
HIALEAH FL 33016

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

2739 W. 79 St., bay 18  
Hialeah, FL 33016

SV  
ABBOTT, RONALD W  
2739 W. 79TH STREET  
HIALEAH FL 33016

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

same

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

4000004619024-1  
-10/01/01-01083-019  
\*\*\*\*550.00 \*\*\*\*550.00

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change     Addition

AD

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: *Yvette Abbott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

010059

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 25 AM 8:24



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)