

3/28

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90202 010 \*\*\*150.00

**DOCUMENT # P98000069028**

1. Entity Name

**A ABBA ELECTRIC, INC.**

Principal Place of Business

Mailing Address

8303 BROKEN WILLOW LANE  
PORT RICHEY FL 346688303 BROKEN WILLOW LANE  
PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

8303 BROKEN WILLOW LANE

Suite, Apt. #, etc.

HOME

City &amp; State

City &amp; State

PORT RICHEY FL

Zip

Country

Zip

Country

34668

PASCO

4. FEI Number **59-3526478**

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | MIADENOVICH, MIKE       |  |
| STREET ADDRESS | 8303 BROKEN WILLOW LANE |  |
| CITY-ST-ZIP    | PORT RICHEY FL 34668    |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | A ABBA ELECTRIC INC        | <input checked="" type="checkbox"/> Delete |
| NAME           | M. MLADENOVICH, OWNER PRES |  |
| STREET ADDRESS | 8303 BROKEN WILLOW         |  |
| CITY-ST-ZIP    | PORT RICHEY FL 34668       |  |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                |                                 |
|----------------|----------------|---------------------------------|
| TITLE          |                | <input type="checkbox"/> Delete |
| NAME           | NOT ORDER ONLY |                                 |
| STREET ADDRESS |                |                                 |
| CITY-ST-ZIP    |                |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | MIKE MLADENOVICH | <input type="checkbox"/> Delete |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | EMPLOYER IDENTIFICATION NUMBER | <input type="checkbox"/> Delete |
| NAME           | 59-3526478                     |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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

03-25-2001

Date

Daytime Phone #

CR2034 (10/00)