

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092543

1. Entity Name
AB CONDO RENTALS, INC.

Principal Place of Business
9722 B. FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

Mailing Address
9722 B. FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

2. Principal Place of Business

8317 Front Beach Rd
Suite, Apt. #, etc.
29A1
City & State
Panama City Beach, FL

3. Mailing Address

8317 Front Beach Rd
Suite, Apt. #, etc.
29A1
City & State
Panama City Beach, FL

Zip
32407

Country
USA

Zip
32407

Country
USA

4. FEI Number 59-3529765

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

BOOKER, TERRY
1825 WATKINS AVENUE
PANAMA CITY BEACH FL 32407

Name
Booker, TERRY
Street Address (P.O. Box Number is Not Acceptable)

325 Eagle Dr

City Panama City Beach FL Zip Code 32407

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BOOKER, TERRY
1825 WATKINS AVENUE
PANAMA CITY BEACH FL 32407 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FARR, CINDY
4646 DELWOOD PARK BLVD.
PANAMA CITY BEACH FL 32411 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GLENN, TONY D
115 NICOLE LN.
CRESTVIEW FL 32539 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 #

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90052 046 ***150.00

00049555



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)