

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099999

1. Entity Name
AB DATA SERVICES, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90004 014 ***550.00

Principal Place of Business

6500 SW 97TH AVE
MIAMI FL 33173

Mailing Address

8500 SW 97TH AVE
MIAMI FL 33173

2. Principal Place of Business

12151 BOAT SHELL DR.

3. Mailing Address

12151 BOAT SHELL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

4. FEI Number 65-0889929

Applied For
Not Applicable

Zip
33991

Country
USA

Zip
33991

Country
USA

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

6. Name and Address of Current Registered Agent

NORTHCUTT, CLARICE E
11856 SW 123RD PLACE
MIAMI FL 33186-5057

7. Name and Address of New Registered Agent

Name
ASHLEY, WILLIAM E.

Street Address (P.O. Box Number is Not Acceptable)
12151 BOAT SHELL DR.

City
CAPE CORAL

FL

Zip Code
33991

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 date 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	ASHLEY, WILLIAM	
STREET ADDRESS	12151 BOAT SHELL RD	
CITY-ST-ZIP	MATLACHA FL 33991	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN WYCK, BERYL J	
STREET ADDRESS	8500 SW 97TH AVE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NORTHCUTT, CLARICE E	
STREET ADDRESS	11856 SW 123RD PLACE	
CITY-ST-ZIP	MIAMI FL 33186-5057	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIDERS, ROBERT W.	
STREET ADDRESS	12151 BOAT SHELL DR.	
CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYNTON, JESSE L.	
STREET ADDRESS	8500 SW 97TH AVE.	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of 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 REQUIRED

WILLIAM E. ASHLEY 9/5/00 941-945-3273

Date

Daytime Phone #

CR2E034 (5/00)