

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91141 044 ***150.00

DOCUMENT # P99000021051

1. Entity Name

PARK ABBEY, INC.

DO NOT WRITE IN THIS SPACE

666156

2. Principal Place of Business
110 EAST HILLCREST ST
Suite, Apt. #, etc.

3. Mailing Address
110 EAST HILLCREST ST.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

4. FEI Number
59-3562480

Applied For
Not Applicable

Zip
32801
Country
ORANGE

Zip
32801
Country
ORANGE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CHRISTOPHER L. COTTRILL

Street Address (P.O. Box Number is Not Acceptable)
110 EAST HILLCREST STREET

City
ORLANDO
FL Zip Code
32801

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

CHRISTOPHER L. COTTRILL

4/30/01

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
JONES, J. WAYNE
110 EAST HILLCREST STREET
ORLANDO, FLORIDA 32801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CHRISTOPHER L. COTTRILL
110 EAST HILLCREST STREET
ORLANDO, FLORIDA 32801

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher L. Cottrill

CHRISTOPHER L. COTTRILL, 4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)