FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

02 NOV -4 PM 5: 09

SECHETARY OF STATE TALLAHASSEE, FLORIDA -

DOCUMENT # 79900008446		
	AB+ 2 Services Inc.	سي.

DO NOT WRITE IN THIS S	SPACE	
Principal Place of Business Suite, Apt. #, etc.  3 Mailing Address P-0. 3.07 Suite, Apt. #, etc. Suite, Apt. #, etc.	2/2/86 2000 LIBO 4	
Poyal Palm Beach FL Poyal Palm	DINF WRITE LTI 5	
33421 CUSA 33421	Sounts Applicable  Sounts Applicable  Sounts Additional Fee Required	
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent Name Name CHARO (- CATAVIA, 26  Street Address (P.O. Box Number is Not Acceptable) 13377 DOUGLES TREE CIA	
8. The above named entity Jubmity this/statement for the purpose of changing its	Stregistered affice or registered agent of both to be 500 FL 333414	
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signare, typed or praced tions of eggs. Journal and talls if applicable. (NOTE: Registered Agent signature required when relinstating).  DATE		
9. This corpulation is eligible to satisfy its intangible Tax filing requirement and elects of the solution of	May 1 Fee is \$150.00 / 1, Fee is \$550.00 ad UBR is \$61.25 ble to Department of State  DATE  10. Election Campaign Financing \$5.00 May Be Added to Fees	
TITLE PRESIDENT CALCAGO LA STREET ADDRESS 133.77 DIOBLET LE CIPATE CONTROLLE CONTRE CO	TITLE NAME STREET ADDRÉSS CITY-ST-ZIP TITLE	
STREET ADDRESS  CITY-ST-ZIP  WELLINGTON FL 33 411	TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE 100008448691 -10/18/0201048007 *****550.00 *****550.00	
STREET ADDRESS 13377 DOUBLATER CITY-ST-ZEP WELLINGTON FL 33111	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT-WRITE	
Catanzaro, Zacharyl.  STREET ADDRESS  CITY-ST-ZIP  WELLINGTON FC 33471	IN THIS SPACE STREET ADDRESS CITY-ST-ZIP.	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

I hereby certify that the information supplied with this filling 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 post it 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 attachment with an address, with all other like empowered.

SIGNATURE:





"A Full Service Maintenance Company"

BUILDING & SITE CONSULTING . STATEWIDE SERVICE . ADA COMPLIANCE CONSULTANTS . COMMERCIAL REAL ESTATE

November 1, 2002

Florida Department of State 409 E. Gaines Street Tallahassee, FL 32399

Attn:

Kathy Ashton

Re:

A B & Z Services, Inc.

Ref. #P99000028446

This is in response to the phone conversation that you had with my husband on October 31, 2002. We did send the check for \$550.00, check #  $\frac{1940}{2000}$  cashed  $\frac{10-21-02}{2000}$  and the completed letter within the 30 day period.

Sincerely,

Barbara Catanzaro A B & Z Services Inc.