

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90179 022 ***150.00

DOCUMENT # P99000033338

1. Entity Name
AHAB, INC.

Principal Place of Business
3300 PGA BLVD., STE. 810
PALM BEACH GARDENS FL 33410

Mailing Address
3300 PGA BLVD., STE. 810
PALM BEACH GARDENS FL 33410

2. Principal Place of Business
3801 PGA Blvd.
Suite, Apt. #, etc.
806

3. Mailing Address
3801 PGA Blvd.
Suite, Apt. #, etc.
806

City & State
Palm Beach Gardens FL
Zip
33410
Country
USA

City & State
Palm Beach Gardens FL
Zip
33410
Country
USA

4. FEI Number **65-0920984**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MILLER, DONALD W ESQ.
4400 PGA BLVD., STE. 505
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name **Peter V. DeSanctis**
Street Address (P.O. Box Number is Not Acceptable)
Hixson, Mario, DeSanctis + Company, P.A.
3801 PGA Blvd., Suite 806
City **Palm Beach Gardens** **FL** **Zip Code** **33410**

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  **CPA**

(NOTE: Registered Agent signature required when reinstating)

2/25/02
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, 2002 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

TITLE **D** ☐ **Delete**
NAME **ERNESTON, J. DANIEL JR.**
STREET ADDRESS **3300 PGA BLVD., STE. 810**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☐ **Delete**
NAME **ERNESTON, ROBERT C**
STREET ADDRESS **3300 PGA BLVD., STE. 810**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **3801 PGA Blvd., Suite 806**
CITY-ST-ZIP **Palm Beach Gardens FL 33410**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **3801 PGA Blvd., Suite 806**
CITY-ST-ZIP **Palm Beach Gardens FL 33410**

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

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

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

TITLE ☐ **Change** ☐ **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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Erneston

3-12-02

Date

561-545-0764

Daytime Phone #

CR2E034 (9/01)