

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90098 013 \*\*\*150.00

DOCUMENT # P99000063686

1. Entity Name  
**ABBY RENTALS, INC.**

Principal Place of Business 111 ALAN A DALE DR. NICEVILLE FL 32578	Mailing Address 111 ALAN A DALE DR. NICEVILLE FL 32578-2107
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2. Principal Place of Business 1931 COVE BLVD Suite, Apt. #, etc.	3. Mailing Address 3585 Marvin Street Suite, Apt. #, etc.
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City & State PANAMA CITY FL	City & State Santa Maria CA 93455	4. FEI Number 59-3589715	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32405	Country BAY	Zip 93455	Country Barbara



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WENTZ, AARON B ESQ**  
**222 GOVERNMENT ST., STE. D**  
**NICEVILLE FL 32578**

7. Name and Address of New Registered Agent  
 Name: **WENTZ, AARON B. ESQ**  
 Street Address (P.O. Box Number is Not Acceptable):  
**# 4 11 th Avenue**  
 City: **Shalimar FL** Zip Code: **32579**

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: *Aaron B. Wentz* DATE: **4/25/00**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HSU, LEE ING</b> <b>111 ALAN A DALE DR.</b> <b>NICEVILLE FL 32578</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HSU, TUNG CHING</b> <b>111 ALAN A DALE DR.</b> <b>NICEVILLE FL 32578</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HSU, LEE ING</b> <b>3585 Marvin Street</b> <b>Santa Maria CA 93455</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HSU, TUNG CHING</b> <b>3585 Marvin Street</b> <b>Santa Maria CA 93455</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition address
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lee Ing Hsu* **HSU, LEE ING** DATE: **4-25-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/99)