## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P9900063686 ABBY RENTALS, INC. 05-01-2001 90094 021 \*\*\*150.00 Principal Place of Business Mailing Address 1931 COVE BV 3585 MARVIN ST PANAMA CITY FL 32405 SANTA MARIA CA 93455 2. Principal Place of Business 3. Mailing Address BLVD 1931 704 CORTE SOL Cove Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3589715 トレ PANAMA CITY <u>CAMARILLO</u> Not Applicable \$8.75 Additional 5. Certificate of Status Desired Vantura Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WENTZ AARON WENTZ, AARON B ESQ Street Address (P.O. Box Number is Not Acceptable) 4 11 AV SHALIMAR FL 32579 II th. Avenua 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so: After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE ☐ Delete TITLE HSU, LEE ING NAME HSU, LEE ING NAME STREET ADDRESS STREET ADDRESS 3585 MARVIN ST 704 CORTE SOL CITY-ST-ZIP CITY-ST-ZIP SANTA MARIA CA 93455 TITLE ☐ Delete TETL F NAME HSU, TUNG CHING NAME STREET ADDRESS STREET ADDRESS 3585 MARVIN ST CITY-ST-7IP SANTA MARIA CA 93455 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR