

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91555 013 \*\*\*150.00

DOCUMENT # P 99 0000 72582

1. Entity Name

AB Service, Inc.  
5119 Manor Ct.  
Cape Coral, Fla. 33904

Principal Place of Business

Mailing Address

5119 Manor Ct.  
Cape Coral, Fla. 33904

2. Principal Place of Business

5119 Manor Ct.

Suite, Apt. #, etc.

Cape Coral, Fla.

City &amp; State

3. Mailing Address

5119 Manor Ct.

Suite, Apt. #, etc.

Cape Coral, Fla.

City &amp; State

Zip  
33904Country  
USAZip  
33904Country  
USA

4. FEI Number

65-0997650

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

Dennis Rossman  
1207 NW 18th St.  
Cape Coral, Fla. 33993-5065

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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) ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 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 President  
NAME Anita Barta  
STREET ADDRESS 5119 Manor Ct.  
CITY-ST-ZIP Cape Coral, Fla. 33904☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
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CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ 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: Anita Barta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

(941) 540-6875

Daytime Phone #

CR2E034 (11/00)