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2001	UNIFORM	BUSINESS	REPORT	(UBR

DOCUMENT # P9900072955 1. Entity Name ABP IV, INC.					APPHOVEL AND FILED 01 MAY 24 PM 2: 32				
Principal Plac 2151 E. SEMOR APOPKA FL 327	AN BLVD.	Mailing Address 2151 E. SEMORAN BLVD. APOPKA FL 32703				SECRETARY (TALLAHASSEE	OF STAT . FLORII	DA E	
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SF	ACE	
City & State		City & State		4	. FEI Number	59-3593905			plied For t Applicable
Zip	Country	Zip	Country	5	i. Certificate of	Status Desired		8.75 Addi ee Required	litional
*···	6. Name and Address of Curre	nt Registered Agent	Ns Ns	7. Name and Address of New Registered Agent Name					
2151	ON, BRUCE E. SEMORAN BLVD.		Baumgan		NCK, FR, D. Box Number MIRAN	W; ll; Am is Not Acceptable)	ι .	·	20 (7) 3
APOI	PKA FL 32703							T ==	
			Cit	NPOPKA	l		FL	Zip Code 32703)
SIGNATURE	named ontity submits this statement	u Fe.		it signature required whe		, in the State of Hon	4/36/	12001	
Tax filing	oration is eligible to satisfy its Intangit requirement and elects to do so. ria on back)	After MAY 1, 200	01 Fee will	be \$550.00 tment of State	Trust	tion Campaign Fina t Fund Contribution.		Ådded	May Be to Fees
11.	OFFICERS AN	ID DIRECTORS	12.	Our of	-1- iT	HANGES TO OFFIC		DIRECTORS Change	S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILSON, BRUCE 2151 E. SEMORAN BLVD APOPKA FL 32703	☑ Delete	TITLE NAME STREET ADD CITY-ST-Z	BAUM DRESS 2151 5	Semora	Te, Willia W Bird. 12703	M L.		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KELLEY, LLOYD A 2151 E. SEMORAN BLVD APOPKA FL 32703	☼ Delete	TITLE NAME STREET ADD CITY-ST-ZI	Secrat Barmga DRESS 2/51 E P Apopk	ardiel, A. Semora	NWA. K. W Blid. 32703		☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	Tre45	wer imduer E. Semv a, FR.	, BriAN J.	•	☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	DRESS		00044 -07/18/0 ***1128)101(01207	20
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET.ADI CITY-ST-ZI	P		M	w)	Change	Addition
13. I hereby	certify that the information supplied w	ith this filing does not qualify for	r the exemption	on stated in Section	on 119.07(3)(i),	, Florida Statutes. I f	further certi	fy that the in	nformation

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 life empowered.

4/30/2001 (407) 255 5009
Daytime Phone #