2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072956 ABP GROUP, INC.					APPROVED AND FILED		
Principal Plac 2151 E. SEMOR APOPKA FL 327	AN BLVD.	Mailing Address 2151 E. SEMORAN BLVD. APOPKA FL 32703			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THI	S SPACE	
City & State		City & State		4. 1	FEI Number 59-3593908	Applied For Not Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Additional Fee Required	
2151	6. Name and Address of Currer ON, BRUCE E. SEMORAN BLVD. PKA FL 32703	it Registered Agent	Name Bau Street A	mgadus ddress (P.Q. B	Name and Address of New Registere R, TR, W: II: Am, K Box Number is Not Acceptable) MARAN B/Vd.		
			City	PopKn.	F	Zip Code 32703	
8. The above	named entity submits this statement	ne 72.	s registered office of	registered ag		30/2001	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) (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 Sta		550.00 t of State	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, BRUCE 2151 E SEMORAN BLVD APOPKA FL 32703	D DIRECTORS X Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 /2	Sempran Blyd.	ND DIRECTORS IN 11 Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KELLEY, LLOYD 2151 E SEMORAN BLVD APOPKA FL 32703	, Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	Secretar	Janes Andr K. Semaran Blvd. FL. 32703	☐ Change 🔀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	treasure Boungar 2151 E Apopka		☐ Change 【本】Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		500004483 -07/18/01 ***1128.75	Change Addition 3825-3 01012-020 *****158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		\mathcal{M}	☐ Change ☐ Addition	
indicated	on this report or supplemental report	is true and accurate and that i	my signature shall h	ave the same.	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; that ida Statutes; and that my name appear	t Lam an officer or director I	

AND TYPED OR PUNITED NAME OF SIGNAL OFFICER OR DIRECTOR

SIGNATURE:

(407) 2955009 Daytime Phone #

4/30/2001 Date