May 06, 2003 8:00 am Secretary of State

FILED

05-06-2003 90166 001 *1,587.50

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P99000072956

1. Entity Name

CITY-ST-ZIP

ABP GROUP, INC.



Principal Place of Business Mailing Address 55038130 2151 E. SEMORAN BLVD. 2151 E. SEMORAN BLVD. APOPKA FL 32703 APOPKA FL 32703 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3593908 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAUMGARDNER, WILLIAM L JR Street Address (P.O. Box Number is Not Acceptable) 2151 E. SEMORAN BLVD. APOPKA FL 32703 City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE OTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. CR2E034 (10/02) TITLE ☐ Delete BAUMGArdNeR, William L. JR NAME BAUMGARDNER, WILLIAM L NAME STREET ADDRESS 2151 E SEMORAN BLVD STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME BAUMGARDNER, ANNA K NAME STREET ADDRESS STREET ADDRESS 2151 E SEMORAN BLVD CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP BAUMGATONER, BriDN 2151 E. Sampran Blyd TITLE TITLE ☐ Delete Change ☐ Addition NAME BAUGARDNER, BRAIN J NAME STREET ADDRESS 2151 E.SEMORAN BLVD STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 truetee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with applicage, with all other like empowered. SIGNATURE: Daytime Phone #

CITY-ST-ZIP