

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000086043**

1. Entity Name

ABG OF CENTRAL FLORIDA, INC.**FILED****Mar 20, 2000 8:00 am**
Secretary of State

03-20-2000 90011 029 ***150.00

Principal Place of Business

Mailing Address

**306 BUTTONWOOD DR.
KISSIMMEE FL 34743****306 BUTTONWOOD DR.
KISSIMMEE FL 34743-9005**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3600810

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****ALBURY, VALICIA E
306 BUTTONWOOD DR.
KISSIMMEE FL 34743**

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	ALBURY, VALICIA E	
STREET ADDRESS	306 BUTTONWOOD DR.	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	ALBURY, VALICIA E	
STREET ADDRESS	306 BUTTONWOOD DR.	
CITY-ST-ZIP	KISSIMMEE FL 34743	

TITLE	D	<input type="checkbox"/> Delete
NAME	GRANT, ALAN M	
STREET ADDRESS	7100 S.O.B.T., APT. 310	
CITY-ST-ZIP	ORLANDO FL 32809	

TITLE	D	<input type="checkbox"/> Delete
NAME	BAPTISTE, RALPH J	
STREET ADDRESS	306 BUTTONWOOD DR.	
CITY-ST-ZIP	KISSIMMEE FL 34743	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Valicia E. Albury

Date

01-25-00 (407) 344-3650

Daytime Phone #

CR2E034 (9/99)