

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092262

1. Entity Name

AB WEST PALM, INC.

Principal Place of Business

225 E REDWOOD STREET
BALITMORE MD 21202

Mailing Address

225 E REDWOOD STREET
BALITMORE MD 21202

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 **59-2199379**

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

AMERICAN INFORMATION SERVICES INC
ONE SE THIRD AVE 28 FL
MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRUGH, JOHN M	
STREET ADDRESS	225 E REDWOOD ST	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BANCROFT, PETER E	
STREET ADDRESS	225 EAST REDWOOD ST.	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HALL, TERRY F	
STREET ADDRESS	225 EAST REDWOOD ST.	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	T	<input type="checkbox"/> Delete
NAME	GISRIEL, TIMOTHY M	
STREET ADDRESS	225 EAST REDWOOD ST.	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Treasurer

01/23/01

(410) 727-4083

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE