

2003

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90101 013 ***150.00

DOCUMENT # V55404

1. Entity Name

A B M M, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4947 COATS RD

Suite, Apt. #, etc.

3. Mailing Address

4947 COATS RD

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS FL

City & State

ZEPHYRHILLS FL

Zip

33541

Country

Zip

33541

Country

4. FEI Number

65-0355590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

WILLIAM F NYE

Street Address (P.O. Box Number is Not Acceptable)

5306 FOX HUNT

City

WESLEY CHAPEL

FL

Zip Code
33543

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREA NYE 5306 FOX HUNT DR WESLEY CHAPEL FL 33543	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREA NYE

Date

X 3/18/03

813-782-5506

Daytime Phone #

CR2E034B (12/02)