

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90266 045 ***150.00

DOCUMENT # V72148

1. Entity Name

ABA BROKERAGE CO.

Principal Place of Business

**900 UNIVERSITY BLVD N
SUITE 500
JACKSONVILLE FL 32211**

Mailing Address

**900 UNIVERSITY BLVD N
SUITE 500
JACKSONVILLE FL 32211**

2. Principal Place of Business

**644 CESERY BLVD
SUITE 200
JAX, FL 32211**

3. Mailing Address

**644 CESERY BLVD
SUITE 200
JAX, FL 32211**

Zip

Country

Zip

Country

4. FEI Number **59-3191984**

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

**WHELAN, M. FRED
900 UNIVERSITY BLVD N
SUITE 500
JACKSONVILLE FL 32211**

Name

**644 CESERY BLVD
SUITE 200
JAX, FL 32211**

(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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **POWERS, WARREN P.**
CITY-ST-ZIP **900 UNIVERSTY BVD N #500
JACKSONVILLE FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WHELAN, M. FRED**
CITY-ST-ZIP **900 UNIVERSTY BVD N #500
JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **644 CESERY BLVD**
CITY-ST-ZIP **SUITE 200
JAX, FL 32211**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **644 CESERY BLVD**
CITY-ST-ZIP **SUITE 200
JAX, FL 32211**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (10/00)