

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90049 001 ***446.25

DOCUMENT # 700121

1. Entity Name

ABILITIES INC OF FLORIDA

Principal Place of Business

Mailing Address

2735 WHITNEY ROAD
 CLEARWATER FL 33760
 US

2735 WHITNEY ROAD
 CLEARWATER FL 33760-1610
 US

9359



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0874493

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SANDONATO, WILLIAM JR
2735 WHITNEY ROAD
CLEARWATER FL 34620

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **AT** Delete
 NAME **BARNARD, RICHARD E**
 STREET ADDRESS **28647 FAIRWEATHER DR**
 CITY-ST-ZIP **WESLEY CHAPEL FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **NEVILLE, MIKE**
 STREET ADDRESS **3259 SPANISH MOSS LANE**
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BOYLE, JACK W.**
 STREET ADDRESS **7 N. PINE CR.**
 CITY-ST-ZIP **BELLEAIR FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVC** Delete
 NAME **STEWART, ROBERT B**
 STREET ADDRESS **7172 DR MLKING STREET S**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **SANDONATO, WILLIAM JR**
 STREET ADDRESS **1856 BARCELONA DRIVE**
 CITY-ST-ZIP **DUNEDIN FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CD** Delete
 NAME **KELLER, PATRICK**
 STREET ADDRESS **2964 SANDPIPER PL**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with other like empowered.

SIGNATURE: *Richard Saman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2000

Date

538-7370

Daytime Phone #

CR2E037 (9/99)