

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005313

Entity Name: AMERICAN BUSINESS OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**523 59 ST S
ST PETERSBURG, FL 33707**Current Mailing Address:**523 59 ST S
ST PETERSBURG, FL 33707 US**FEI Number:** 65-0646620**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BASTIE, GARY
523 59 ST S
ST PETERSBURG, FL 33707 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR, PRESIDENT
Name	BASTIE, GARY
Address	523 59TH STREET S
City-State-Zip:	ST PETERSBURG FL 33707

Title	DIRECTOR, VP
Name	CHAPMAN, DANIEL
Address	2236 COTTONDALE AVENUE
City-State-Zip:	SPRING HILL FL 34608

Title	DIRECTOR, TREASURER, SECRETARY
Name	BASTIE, R
Address	523 59TH STREET S
City-State-Zip:	ST PETERSBURG FL 33707

Title	DP
Name	BASTIE, GARY
Address	523 59 ST S
City-State-Zip:	ST PETERSBURG FL 33707

Title	DV
Name	CHAPMAN, DANIEL
Address	2236 COTTONDALE AVE
City-State-Zip:	SPRING HILL FL 34608

Title	DTS
Name	BASTIE, R
Address	523 59 ST S
City-State-Zip:	ST PETERSBURG FL 33707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: R BASTIE**S / T****05/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date