

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 21, 2001 08:00 AM
Secretary of State

DOCUMENT # F92984

1. Entity Name
A.B.A. INDUSTRIES, INC.

Principal Place of Business 10260 US HWY. 19 NORTH PINELLAS PARK FL 33782	Mailing Address 10260 US HWY. 19 NORTH PINELLAS PARK FL 34666
---	---

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
---	---

4. FEI Number
23-1932238

Applied For	
Not Applicable	

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MICHOLIK GREGORY J
 10260 US HWY. 19 NORTH

 PINELLAS PARK FL 33782

7. Name and Address of New Registered Agent

Name
TREHY GAIL J

Street Address (P.O. Box Number is Not Acceptable)
10260 US HWY. 19 NORTH

City
PINELLAS PARK FL 33782

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 **GAIL TREHY** **09/21/2001**
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 VP	<input type="checkbox"/> Delete
NAME BARNES STEVEN	
STREET ADDRESS 10260 US HWY 19N	
CITY-ST-ZIP PINELLAS PARK FL 33776	
TITLE D	<input type="checkbox"/> Delete
NAME DONER MICHAEL	
STREET ADDRESS 10260 US HWY 19 N	
CITY-ST-ZIP PINELLAS PARK FL 33776	
TITLE TS	<input type="checkbox"/> Delete
NAME MICHALIK GREGORY J	
STREET ADDRESS 10260 US HWY 19 N	
CITY-ST-ZIP PINELLAS PARK FL 33776	
TITLE D	<input type="checkbox"/> Delete
NAME BELANGER REAL	
STREET ADDRESS 755 THURBER	
CITY-ST-ZIP LONGUEUIL, QUEBEC, CA	
TITLE D	<input type="checkbox"/> Delete
NAME LABBE, GILLES	
STREET ADDRESS 755 THURBER STREET	
CITY-ST-ZIP LONGUEUIL, QUEBEC CA	
TITLE P	<input type="checkbox"/> Delete
NAME COOK ALVIN E	
STREET ADDRESS 10260 U.S. HWY. 19 N.	
CITY-ST-ZIP PINELLAS PARK FL 33782	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS CHRISTOPHER
STREET ADDRESS	10260 US HWY 19 N
CITY-ST-ZIP	PINELLAS PARK FL 33776
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREHY GAIL J
STREET ADDRESS	10260 US HWY 19 N
CITY-ST-ZIP	PINELLAS PARK FL 33776
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: **GAILTREHY** **TS** **09/21/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)