

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90123 011 ***150.00

DOCUMENT # 278304

1. Entity Name

AMERICAN BUSINESS FORMS, INC.

Principal Place of Business

**AMERICAN BUSINESS FORMS INC
 6115-A CLARK CENTER AVE
 SARASOTA FL 34238
 US**

Mailing Address

**AMERICAN BUSINESS FORMS INC
 6115-A CLARK CENTER AVE
 SARASOTA FL 34238
 US**

2. Principal Place of Business

6115 A Clark Center Ave

Suite, Apt. #, etc.

3. Mailing Address

6115 A Clark Center Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

Zip

34238

Country

City & State

Sarasota FL

Zip

34238

Country

4. FEI Number

59-1038185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHECHTMAN, JEROME
 3400 TANGLEWOOD DRIVE
 SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name *Jerome Schechtman*
 Street Address (P.O. Box Number is Not Acceptable)
5453 Eagles Pt Circle
 City *Sarasota* **FL** Zip Code *34231*

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 *x not applicable - Signature on hand*

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

(NOTE: Registered Agent signature required when reinstating)

1-9-02

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	SCHECHTMAN, JEROME	
STREET ADDRESS	5453 EAGLES PT CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHECHTMAN, MARGRIT	
STREET ADDRESS	5453 EAGLES PT CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHRECHTMAN, TOMMY	
STREET ADDRESS	5453 EAGLES PT CIRCLE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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	
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: *x Jerome Schechtman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02

DATE

941-731-5502

DAYTIME PHONE #

CR2E034 (9/01)