## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Sep 13, 2000 8:00 am Secretary of State **DOCUMENT # 698381** 1. Entity Name A ABACUS MR. AUTO INSURANCE OF AZALEA PARK, INC. 09-13-2000 90018 034 \*\*\*550.00 Principal Place of Business Mailing Address 2319 S GOLDENROD RD 2319 S GOLDENROD RD ORLANDO FL 32822 ORLANDO FL 32822 **40077257** 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2422548 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRISON, KATHLEEN M. Street Address (P.O. Box Number is Not Acceptable) 2319 S. GOLDEN ROD ROAD ORLANDO FL 32822 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE ☐ Change TITLE Delete NAME HARRISON, KATHY NAME STREET ADDRESS STREET ADDRESS 2413-6 TACK ROOM LANE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Delete TITI F Change Addition TITLE HARRISON, KATHY NAME NAME STREET ADDRESS 2413-6 TACK ROOM LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ■ Addition Delete \_ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 SE NATURE AND TYPED OR PRINTED NAME OF SI

9-9.00 Date