

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90006 018 ***158.75

DOCUMENT # F95000006316

1. Entity Name

ABELL LUMBER CORPORATION

Principal Place of Business

Mailing Address

**10324 LIBERTY ROAD
 LAWRENCEVILLE VA 23868**

**10324 LIBERTY ROAD
 LAWRENCEVILLE VA 23868**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-0797970

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

7. Name and Address of New Registered Agent

**RICHARDSON, ZACHARY M
 ONE SOUTH OCEAN BLVD. #305
 BOCA RATON FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

**2300 W. SAMPLE RD.
 #202**

City

POMPANO BEACH

FL

33073

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.

ZACHARY M. RICHARDSON

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	LUCY III, JOHN C	
STREET ADDRESS	10324 LIBERTY ROAD	
CITY-ST-ZIP	LAWRENCEVILLE VA	
TITLE	S	<input type="checkbox"/> Delete
NAME	DANIEL, REBECCA	
STREET ADDRESS	10324 LIBERTY ROAD	
CITY-ST-ZIP	LAWRENCEVILLE VA	
TITLE	AST	<input type="checkbox"/> Delete
NAME	RICHARDSON, ZACHARY M	
STREET ADDRESS	ONE S. OCEAN BLVD. #305	
CITY-ST-ZIP	BOCA RATON FL	
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		

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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2300 W. SAMPLE RD #202 Change Addition
POMPANO BEACH, FL 33073

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZACHARY M. RICHARDSON
PRESIDENT

Date

Daytime Phone #

954-979-4900

CR2E034 (9/99)