## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # G15644** Mar 28, 2000 8:00 am 1. Entity Name ABNEY & ABNEY CONSTRUCTION, INC. **Secretary of State** 03-28-2000 90085 011 \*\*\*150.00 Principal Place of Business Mailing Address 113 NW 11TH AVENUE 113 NW 11TH AVENUE PO DRAWER 700 PO DRAWER 700 OKEECHOBEE FL 34973-0700 OKEECHOBEE FL 34973-7700 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE MAWER DRAWER 4. FEI Number Applied For 59-2245023 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ABNEY, JOHN W. S Street Address (P.O. Box Number is Not Acceptable) 113 N.W. 11TH AVE. **OKEECHOBEE FL 33472** Zip Code Fì 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. PST CR2F O'LL N'EL ☐ Change Addition TITLE ☐ Delete TITLE ABNEY, JOHN W SR NAME 805 SW 15TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL 00000 CITY-ST-ZIP Change Addition ☐ Delete TITLE ABNEY, JOHN W JR NAME 805 SW 15TH STREET STREET ADDRESS STREET ADDRESS OKEECHOBEE FL CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. C!TY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete Addition 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 appropried to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee changed, or on an attachment with an add