

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90232 047 \*\*\*150.00

0663985 AV

**DOCUMENT # G15644**

1. Entity Name  
**ABNEY & ABNEY CONSTRUCTION, INC.**

Principal Place of Business

**855 SW 15TH ST  
PO DRAWER 700  
OKEECHOBEE FL 34973-7700**

Mailing Address

**855 SW 15TH ST  
PO DRAWER 700  
OKEECHOBEE FL 34973-7700**

2. Principal Place of Business

**805 SW 15TH ST.**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. DRAWER 700**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**OKEECHOBEE, FL**

Zip  
**34974**

Country

**USA**

City & State

**OKEECHOBEE, FL**

Zip

**34973**

Country

**USA**

4. FEI Number

**59-2245023**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ABNEY, JOHN W. S  
113 N.W. 11TH AVE.  
OKEECHOBEE FL 33472**

7. Name and Address of New Registered Agent

Name

**JOHN W. ABNEY, SR.**

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

**805 S.W. 15th ST.**

City

**OKEECHOBEE**

FL

Zip Code

**34974**

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 **JOHN W. ABNEY, SR.**

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

(NOTE: Registered Agent signature required when registering)

**3/28/02**  
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	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>ABNEY, JOHN W SR</b>	
STREET ADDRESS	<b>805 SW 15TH STREET</b>	
CITY-ST-ZIP	<b>OKEECHOBEE, FL 00000</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>ABNEY, JOHN W JR</b>	
STREET ADDRESS	<b>805 SW 15TH STREET</b>	
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>	
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 another like empowered.

SIGNATURE:

**JOHN W. ABNEY, SR.**

**3/28/02 863-963-6541**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)