

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G31122

1. Entity Name

AMERICAN BUSINESS FORMS & GRAPHICS, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90001 008 ***158.75

Principal Place of Business

Mailing Address

13266 BYRD DRIVE
ODESSA FL 33556
US

P.O. BOX 974
ODESSA FL 33556-0974
US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2272932**

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWERS, ROBERT E
18610 WAYNE RD
ODESSA FL 33556

Name

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

City

FL

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.

(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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

DP
POWERS, ROBERT E
18610 WAYNE RD
ODESSA, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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DTS
POWERS, JOAN BOMAN
18610 WAYNE RD
ODESSA, FL 00000

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert E. Powers
ROBERT E. POWERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-2000

813 520 3929

Date

Daytime Phone #