

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J17410

1. Entity Name

ABS ASSOCIATES, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90078 004 \*\*\*150.00

Principal Place of Business

4726 OKEECHOBEE BLVD  
WEST PALM BEACH FL 33417

Mailing Address

4726 OKEECHOBEE BLVD  
WEST PALM BEACH FL 33417-4626

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 **59-2677280**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUYARD, CLAUDE W.  
11054 OAKWAY CIR.  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete

NAME PSD  
GUYARD, CLAUDE W.  
STREET ADDRESS 11054 OAKWAY CIR.  
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE ☐ Delete

NAME VTD  
GUYARD, MARGARET B.  
STREET ADDRESS 11054 OAKWAY CIR.  
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE ☐ Delete

NAME VD  
GUYARD, MICHAEL R  
STREET ADDRESS 366 BRACKENWOOD CIR  
CITY-ST-ZIP PALM BCH GARDENS FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 509 Cocoa Plum Dr  
CITY-ST-ZIP Jupiter FL 33408

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 509 Cocoa Plum Dr  
CITY-ST-ZIP Jupiter FL 33408

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 1434 The Pointe Dr  
CITY-ST-ZIP W. Palm Beach FL 33409

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00

561 478 1451