

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90358 013 \*\*\*158.75

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AV

<b>DOCUMENT #</b> J50325	
<b>1. Entity Name</b> A.N. ABRAMOWITZ, INC.	

<b>Principal Place of Business</b> 401 W COLONIAL DR SUITE #801 ORLANDO FL 32804 US	<b>Mailing Address</b> 215 N EOLA DR. ORLANDO FL 32801
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

CHECK HERE IF MAKING CHANGES

Zip	Country	Zip	Country
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<b>4. FEI Number</b> 59-2898321	Applied For
	Not Applicable

<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> ABRAMOWITZ, A.N. 401 W. COLONIAL DRIVE #801 ORLANDO FL 32804
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<b>7. Name and Address of New Registered Agent</b>
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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

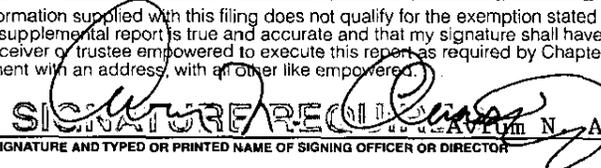
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ABRAMOWITZ, AVRUM N. 401 W COLONIAL DR. ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ABRAMOWITZ, AVRUM N. 401 W COLONIAL DR. ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12.** 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

**SIGNATURE:**  **AVRUM N. ABRAMOWITZ** **4/17/03** **407-425-3700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

**LOWNDES  
DROSDICK  
DOSTER  
KANTOR &  
REED, P.A.**

Attorneys at Law

*Attachment*  
**215 NORTH EOLA DRIVE  
ORLANDO, FLORIDA 32801**

*70044238*  
*DA 150325*  
**450 SOUTH ORANGE AVENUE, SUITE 800  
ORLANDO, FLORIDA 32801**

POST OFFICE BOX 2809, ORLANDO, FLORIDA 32802-2809

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GAIL S. ANDRÉ

North Eola Drive Office

Direct Dial: (407) 418-6203

E-mail: gail.andre@lowndes-law.com

April 17, 2003

**CERTIFIED MAIL 7002 2410 0005 1755 3444**  
**RETURN RECEIPT REQUESTED**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

**Re: 2003 Uniform Business Report**

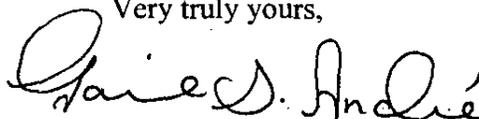
Dear Madam or Sir:

Enclosed is the 2003 Uniform Business Report for the corporation listed below, together with our client's check in the amount of \$158.75 payable to the Department of State representing the filing fee, in addition to obtaining a Certificate of Status:

**A.N. ABRAMOWITZ, INC.**

Please file the report immediately upon receipt. Thank you for your assistance in this matter.

Very truly yours,



Gail S. André  
Legal Assistant to  
Hal H. Kantor.

GSA  
Enclosures  
0009680/026616/352995/56