

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

0099423 AV

DOCUMENT # J50325

1. Entity Name

A.N. ABRAMOWITZ, INC.



Principal Place of Business

401 W COLONIAL DR
SUITE #801
ORLANDO FL 32804
US

Mailing Address

215 N EOLA DR.
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2898321**

Applied For

Not Applicable

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

ABRAMOWITZ, A.N.

401 W. COLONIAL DRIVE #801

ORLANDO FL 32804

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

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Delete
NAME **ABRAMOWITZ, AVRUM N.**
STREET ADDRESS **401 W COLONIAL DR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **ABRAMOWITZ, AVRUM N.**
STREET ADDRESS **401 W COLONIAL DR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

407-425-3700

Daytime Phone #

CR2E034 (10/02)

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

Attorneys at Law

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

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

POST OFFICE BOX 2809, ORLANDO, FLORIDA 32802-2809

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www.lowndes-law.com

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

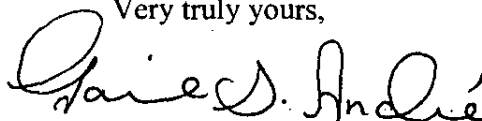
Dear Madam or Sir:

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
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