

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L25366**

1. Entity Name
ABCO GRAPHICS & PRINTING, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90151 019 ***158.75

Principal Place of Business

Mailing Address

~~2623 GRAND BLVD~~
~~SUITE 115~~
~~HOLIDAY FL 34690~~
US

~~2623 GRAND BLVD~~
~~SUITE 115~~
~~HOLIDAY FL 34690~~
US

2. Principal Place of Business

3. Mailing Address

11515 PYRAMID DR.
Suite, Apt. #, etc.

11515 PYRAMID DR.
Suite, Apt. #, etc.

City & State **ODESSA FL**

City & State **ODESSA FL**

Zip **33556** Country

Zip **33556** Country

4. FEI Number **59-2975423**

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

HELMRICH, MAUREEN
~~2623 GRAND BLVD~~
~~STE 115~~
~~HOLIDAY FL 34690~~

Name

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

11515 PYRAMID DRIVE

City

ODESSA

FL

Zip Code

33556

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, 2001 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 **CP** ☐ Delete
NAME **HELMRICH, MAUREEN**
STREET ADDRESS **2623 GRAND BLVD, SUITE 115**
CITY-ST-ZIP **HOLIDAY FL**

TITLE ☒ Change ☐ Addition
NAME **11515 PYRAMID DRIVE**
STREET ADDRESS **ODESSA FL 33556**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HELMRICH, JOHN**
STREET ADDRESS **2623 GRAND BLVD, SUITE 115**
CITY-ST-ZIP **HOLIDAY FL**

TITLE ☒ Change ☐ Addition
NAME **11515 PYRAMID DRIVE**
STREET ADDRESS **ODESSA FL 33556**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **HELMRICH, HARRY**
STREET ADDRESS **2623 GRAND BLVD, SUITE 115**
CITY-ST-ZIP **HOLIDAY FL**

TITLE ☒ Change ☐ Addition
NAME **11515 PYRAMID DRIVE**
STREET ADDRESS **ODESSA FL 33556**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PAZOUREK KEVIN**
STREET ADDRESS **2623 GRAND BLVD, SUITE 115**
CITY-ST-ZIP **HOLIDAY FL**

TITLE ☒ Change ☐ Addition
NAME **11515 PYRAMID DRIVE**
STREET ADDRESS **ODESSA FL 33556**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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

HARRY D. HELMRICH

SEC/TREAS.

4-30-01

727

376-7200

Date

Daytime Phone #

CR2E034 (10/00)