

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-15-2001 90151 019 ***158.75

DOCUMENT # L25366

1. Entity Name
ABCO GRAPHICS & PRINTING, INC.

Principal Place of Business

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

Mailing Address

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

100000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11515 PYRAMID DR.

3. Mailing Address

11515 PYRAMID DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ODESSA FL

City & State

ODESSA FL

4. FEI Number **59-2975423**

Applied For
 Not Applicable

Zip

33556

Country

Zip

33556

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

~~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	<input type="checkbox"/> Delete
NAME	HELMRICH, MAUREEN	
STREET ADDRESS	2623 GRAND BLVD, SUITE 115	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HELMRICH, JOHN	
STREET ADDRESS	2623 GRAND BLVD, SUITE 115	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HELMRICH, HARRY	
STREET ADDRESS	2623 GRAND BLVD, SUITE 115	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PAZOUREK KEVIN	
STREET ADDRESS	2623 GRAND BLVD, SUITE 115	
CITY-ST-ZIP	HOLIDAY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11515 PYRAMID DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11515 PYRAMID DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11515 PYRAMID DRIVE	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: HARRY D. HELMRICH

SEC/TREAS. 727-
 4-30-01 376-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)