2001 UNIFORM BUSINESS REPORT (UBR)

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ABRAHAMSON'S REPAIRS, L.C. OI APR 2.6 AM IO: 5 SECRETARY OF STATE TALE: ARM SSEE, FLORIDA TASS RANGUAGO CRORE NAVARRE FL 32596 Nating Address Suta, Apt. 4. etc. Do Not writte in this space The Number of Business J. Mailing Address Do Not writte in this space Application The Application To Country Zip Country Zip Country Johnson and Address of New Registered Agent Name PERRI, Daniel. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code A. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE The Novilli FEE IS \$60.00 Make Check Payable to Department of State Novilli FEE IS \$60.00 Make Check Payable to Department of State Novilli FEE IS \$60.00 Make Check Payable to Department of State Novilli FEE IS \$60.00 Make Check Payable to Department of State Novilli FEE IS \$60.00 Make Check Payable to Department of State Novilli FEE IS \$60.00 Make Check Payable to Department of State Novilli FEE IS \$60.00 Make Check Payable to Department of State Novilli FEE IS \$60.00 Make Check Payable to Department of State Novilli FEE IS \$60.00 Make Check Payable to Department of State Novilli FEE IS \$60.00 Make Check Payable to Department of State Novilli FEE IS \$60.00 Make Check Payable to Department of State Novilli FEE IS \$60.00 Make Check Payable to Department of State Novilli FEE IS \$60.00 Make Check Payable to Department of State Novilli FEE IS \$60.00 Make Check Payable to Department of State Novilli FEE IS \$60.00 Make Check Payable to Department of State Novilli FEE IS \$60.00 Make C	DOCUMENT # L9700000544								FILE	D		
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11. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the	11. I hereby d	ertify that the	information supplied with	this filing does not qualify	for the exe	mption state	d in Section	on 119.0	07(3)(i), Florida Statutes. I	further certi	fy that the ir	nformation