

2001 UNIFORM BUSINESS REPORT (UBR)

0025784 AF

DOCUMENT # L98000000509

1. Entity Name

ABRAHAMSON LC

FILED

01 APR 25 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

% REGISTERED AGENTS LTD.

1220 NORTH MARKET ST., SUITE 606
WILMINGTON DE 19801

Mailing Address

% REGISTERED AGENTS LTD.

1220 NORTH MARKET ST., SUITE 606
WILMINGTON DE 19801



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISE, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME CROSHAW, PHILIP MARK
STREET ADDRESS THE AVENUE
CITY-ST-ZIP SARK, CHANNEL ISLANDS

TITLE ☐ Change ☐ Addition
NAME 200004162582-9
STREET ADDRESS -05/08/01--01098--001
CITY-ST-ZIP ***2950.00 *****50.00

TITLE MGR ☐ Delete
NAME GRASSICK, JAMES WILLIAM
STREET ADDRESS LA COLLINETTE
CITY-ST-ZIP SARK, CHANNEL ISLANDS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)