

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M76078

1. Entity Name

ABBOTT SERVICES LTD, INC.

Principal Place of Business

% DAVID B. ABBOTT
4235 BRANDON DR.
DELRAY BEACH FL 33445

Mailing Address

% DAVID B. ABBOTT
4235 BRANDON DR.
DELRAY BEACH FL 33445

2. Principal Place of Business

% David B ABBOTT

3. Mailing Address

% David B Abbott

Suite, Apt. #, etc.

668 ENOS AVE NW

Suite, Apt. #, etc.

668 ENOS AVE NW

City & State

Lake Placid FL

City & State

Lake Placid FL

Zip

33852

Country

USA

Zip

33852

Country

USA

6. Name and Address of Current Registered Agent

ABBOTT, DAVID B
4235 BRANDON DRIVE
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name ABBOTT David B.

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

668 ENOS AVE NW

City

Lake Placid

FL

Zip Code

33852

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 DAVID B. ABBOTT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-01-01

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

TITLE ☐ Delete
NAME **D ABBOTT, DAVID B.**
STREET ADDRESS **4235 BRANDON DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90082 042 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0042843**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

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