

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90028 028 ***158.75

903473



DO NOT WRITE IN THIS SPACE

DOCUMENT # M77259 1. Entity Name: ABRAMS RIDGE, INC.																											
Principal Place of Business 03830 EAGLES NEST ROAD FRUITLAND PARK FL 34731		Mailing Address 03830 EAGLES NEST ROAD FRUITLAND PARK FL 34731																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country																								
4. FEI Number 59-2897351		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent COLLINS, RONALD J 35 ST. GEORGE PLACE PALM BEACH GARDENS FL 33418		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>																											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State																									
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="padding: 5px;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width:50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="width:50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Ronald J. Collins* **12/29/01 352-360-0333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)