

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**  
 03-20-2001 90005 048 \*\*\*158.75

0655251

**DOCUMENT # P00000023290**

1. Entity Name  
**APRAHAM CONSULTING, INC.**

Principal Place of Business  
**12214 SILK OAK LANE**  
**BAYONET POINT FL 34667**

Mailing Address  
**12214 SILK OAK LANE**  
**BAYONET POINT FL 34667**

**A0034302**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**12214 Silk Oak Lane**  
 Suite, Apt. #, etc.

3. Mailing Address  
**12214 Silk Oak Lane**  
 Suite, Apt. #, etc.

City & State  
**Bayonet Point, FL**  
 Zip  
**34667**  
 Country

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**Bayonet Point, FL**  
 Zip  
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 Country

4. FEI Number  
**650984863**  
 Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**APRAHAM, PATRICIA G**  
**12214 SILK OAK LANE**  
**BAYONET POINT FL 34667**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: **Patricia G. Abraham, President** **3/18/01** **727 868 3939**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)