

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90123 043 ***150.00

DOCUMENT # P00000032125

1. Entity Name

ABS RESTORATION & DESIGN CORPORATION



Principal Place of Business

**912 WASHINGTON AVENUE
EUSTIS FL 32726**

Mailing Address

**PO BOX 1263
EUSTIS FL 32727-1263**

2. Principal Place of Business

1016 Pine Meadows Rd.

3. Mailing Address

P.O. Box 1263

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EUSTIS FLORIDA

City & State

EUSTIS FLORIDA

Zip

32726

Country

USA

Zip

32727

Country

USA

4. FEI Number

59-3650459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SPELLMAN, ANDREW B

912 WASHINGTON AVENUE

EUSTIS FL 32726

7. Name and Address of New Registered Agent

Name

SPELLMAN, ANDREW B

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

1016 Pine Meadows Rd

City

EUSTIS

FL

Zip Code

32726

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3-04-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SPELLMAN, ANDREW	
STREET ADDRESS	912 WASHINGTON AVENUE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SPELLMAN, JENEEN	
STREET ADDRESS	912 WASHINGTON AVENUE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPELLMAN, ANDREW	
STREET ADDRESS	1016 Pine Meadows Rd.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPELLMAN JENEEN	
STREET ADDRESS	1016 Pine Meadows Rd.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-03 352 408-8226

CR2E034 (10/02)