

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000042574**

1. Entity Name

ABACUS LAND SURVEYORS, INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91316 041 ***158.75

Principal Place of Business

Mailing Address

**389 SE GASPARILLA AVE.
PORT ST. LUCIE FL 34983****389 SE GASPARILLA AVE.
PORT ST. LUCIE FL 34983**

2. Principal Place of Business

3. Mailing Address

389 SE GASPARILLA AVE PSL**389 SE GASPARILLA AVE PSL 34983**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT ST LUCIE FL**PORT ST LUCIE FL**

Zip

Country

34983**USA**

Zip

Country

34983**USA**

4. FEI Number

Applied For

65-1006461

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAWSON, MICHAEL R
389 SE GASPARILLA AVE.
PORT ST. LUCIE FL 34983**

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

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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	LAWSON, MICHAEL R	389 SE GASPARILLA AVE.	PORT ST. LUCIE FL 34983	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	LAWSON, DAWN L	389 SE GASPARILLA AVE.	PORT ST. LUCIE FL 34983	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

MICHAEL R LAWSON

Date

2-24-01 561.336.9931

Daytime Phone #

CR2E034 (10/00)