DOCUMENT # P00000042574

Country

6. Name and Address of Current Registered Agent

registored agent and title if applicable

OFFICERS AND DIRECTORS

ABACUS LAND SURVEYORS, INC.

Principal Place of Business 389 SE GASPARILLA AVE. PORT ST. LUCIE FL 34983

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

389 SE CAMARICA AVE PSL

ST CUCIE

LAWSON, MICHAEL R

389 SE GASPARILLA AVE. PORT ST. LUCIE FL 34983

9. This corporation is eligible to satisfy its Intangible

LAWSON, MICHAEL R

LAWSON, DAWN L

389 SE GASPARILLA AVE.

PORT ST. LUCIE FL 34983

389 SE GASPARILLA AVE.

PORT ST. LUCIE FL 34983

Tax filing requirement and elects to do so

(See criteria on back)

PD

SD

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-7IP

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

WATST LOCIE

☐ Delete

Delete

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☐ Delete

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☐ Delete

3895E GASPAKUAN VE PSZ 34895

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

12,

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

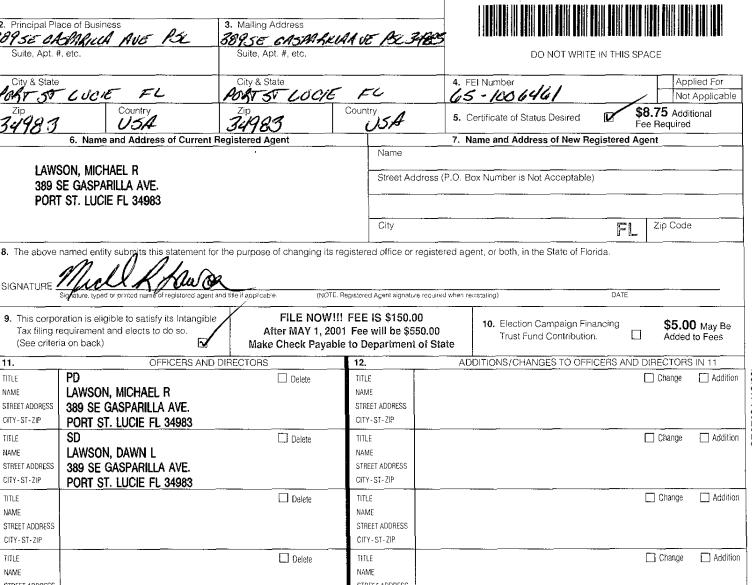
Name

389 SE GASPARILLA AVE. PORT ST. LUCIE FL 34983

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2001 8:00 am Secretary of State

03-01-2001 91316 041 ***158.75



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 with all other like empowered changed, or on an attachment with

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Change

Change

☐ Addition

Addition

CR2E034 (10/00)