

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90142 005 ***150.00

DOCUMENT # P0000054391

1. Entity Name
ABRAMSON AGENCY, INC.

Principal Place of Business
6053 ST AUGUSTINE RD
JACKSONVILLE FL 32217

Mailing Address
PO BOX 551260
JACKSONVILLE FL 32255



2. Principal Place of Business

3. Mailing Address
6053 St. Augustine Rd.
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JAX, FL

4. FEI Number **59-3649519**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip
32217

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAMSON, MICHAEL (N)
6053 ST. AUGUSTINE RD.
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name *Michael R Abramson (Correction)*
 Street Address (P.O. Box Number is Not Acceptable)
6053 ST. AUGUSTINE Rd.
 City *JAX* FL Zip Code *32217*

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 *Michael R Abramson*

DATE *3/25/02*

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, 2002 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	DPST <input type="checkbox"/> Delete
NAME	ABRAMSON, MICHAEL
STREET ADDRESS	6053 ST AUGUSTINE RD
CITY-ST-ZIP	JACKSONVILLE FL 32217
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *3/25/02*

DAYTIME PHONE # *904-735-0099*

DATE

DAYTIME PHONE #

CR2E034 (9/01)