

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-29-2002 90142 005 ***150.00

DOCUMENT # P00000054391

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.

City & State

JAX, FL

Zip

32217

Country

USA

4. FEI Number **59-3649519**

Applied For

Not Applicable

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**

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

(NOTE: Registered Agent signature required when reinstating)

3/25/02

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

TITLE **DPST** ☐ Delete
 NAME **ABRAMSON, MICHAEL**
 STREET ADDRESS **6053 ST AUGUSTINE RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02

Date

964-7350099

Daytime Phone #

CR2E034 (9/01)