

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2003 8:00 am
Secretary of State

07-30-2003 90067 022 ***550.00

DOCUMENT # P00000060299

1. Entity Name
ABSHER & SONS, INC.



Principal Place of Business

~~210 N SEAPORT BLVD~~
~~CAPE CANAVERAL FL~~

Mailing Address

~~210 N SEAPORT BLVD~~
~~CAPE CANAVERAL FL 32760~~

New Address

2. Principal Place of Business

585 Shadow Wood Ln.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11

Same

City & State

Titusville, FL

City & State

Same

Zip

32780

Country

Brevard

Zip

Same

Country

Same

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3650213**

Applied For

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

COHEN, ROBERT C
310 S. MILWEE STREET
LONGWOOD FL 32750

Name

Betty Absher Haughwout

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

585 Shadow Wood Ln.

City

Titusville

FL

Zip Code

32780

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

Betty Absher Haughwout

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **0**
STREET ADDRESS **ABSHER, BETTY**
CITY-ST-ZIP **210 W SEAPOST BLVD**
CAPE CANAVERAL FL 32920

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE: *Betty Absher Haughwout*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-23-03 321-268-1035
Date Daytime Phone #

CR2E034 (4/03)