

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090076

1. Entity Name

ABBRON CLEANING SERVICE, INC.

Principal Place of Business

4108 TIVOLI COURT
LAKE WORTH FL 33467

Mailing Address

4108 TIVOLI COURT
LAKE WORTH FL 33467

2. Principal Place of Business

4108 TIVOLI COURT

3. Mailing Address

Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

Zip

33467

Country

FLORIDA

Zip

Country

4. FEI Number

65-1043071

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORMAN, RON
4108 TIVOLI COURT
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

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

RON FORMAN

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

(NOTE: Registered Agent signature required when reinstating)

3/19/01

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

TITLE NAME PRESIDENT
STREET ADDRESS 4108 TIVOLI COURT
CITY-ST-ZIP LAKE WORTH FL 33467

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

RON FORMAN PRES.

Date

Daytime Phone #

561-433-4100

3/

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-12-2001 90508 044 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)