

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101113

1. Entity Name

RICHARD G. ABOOD, P.A.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90093 012 ***150.00

Principal Place of Business

2234 COLONIAL BLVD
FT MYERS FL 33907

Mailing Address

2234 COLONIAL BLVD
FT MYERS FL 33907

2. Principal Place of Business

7955 Airport Pulling Rd.

3. Mailing Address

7955 Airport Pulling Rd.

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

Naples FL

City & State

Naples FL

Zip

34109

Country

USA

Zip

34109

Country

USA

4. FEI Number

651068337

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABOOD, RICHARD G
2234 COLONIAL BLVD
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

ABOOD, RICHARD G.

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

7955 Airport Pulling Rd

Suite 102

City

Naples

FL

Zip Code

34109

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

R. Abood

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2.28.01

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
STREET ADDRESS
CITY-ST-ZIP

D
ABOOD, RICHARD G
2234 COLONIAL BLVD
FT MYERS FL 33907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIP/T
ABOOD, RICHARD G.
7955 Airport Pulling Rd Suite 102
Naples FL 34109

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

R. Abood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.28.01

Date

(941)2698438

Daytime Phone #

CR2E034 (10/00)