

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000009362

1. Entity Name
MIKE ABEL TRUCKING, INC.

Principal Place of Business
3240 30TH AVE SE
NAPLES FL 34117

Mailing Address
3240 30TH AVE SE
NAPLES FL 34117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

00X65-10956660

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

ABEL, MICHAEL
3240 30TH AVE SE
NAPLES FL 34117

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSVT
NAME ABEL, MICHAEL
STREET ADDRESS 3240 30TH AVE SE
CITY-ST-ZIP NAPLES FL 34117 ☐ Delete

TITLE VICE President / TREASURER
NAME SHARON ABEL
STREET ADDRESS 3240 30TH AVE SE
CITY-ST-ZIP NAPLES, FL 34117 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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:

Michael R. Abel
MICHAEL R ABEL

Date

Daytime Phone #

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-06-2002 90280 045 ***550.00

42083

DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

239-259-8744