

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90199 018 ***158.75

DOCUMENT # P01000056630

1. Entity Name
ABACUS BOOKS, INC.



Principal Place of Business
**215 11TH AVE. NE
#2
SAINT PETERSBURG FL 33701**

Mailing Address
**215 11TH AVE. NE
#2
SAINT PETERSBURG FL 33701**

2. Principal Place of Business

1420 58th Ave N

3. Mailing Address

1420 58th Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33703

Country

USA

Zip

33703

Country

USA

4. FEI Number **59-3723969**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, CLAUDETTE
215 11TH AVE. NE #2
SAINT PETERSBURG FL 33701**

*(Marriage)
Name
Change
SIAR*

7. Name and Address of New Registered Agent

Name **CLAUDETTE WALKER SIAR**

Street Address (P.O. Box Number is Not Acceptable)
1420 58th Ave NORTH

City **ST. PETERSBURG**

FL

Zip Code **33703**

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 *Claudette Walker Siar*

4-19-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **TD** ☐ Delete
NAME **WALKER, CLAUDETTE**
STREET ADDRESS **215 11TH AVE. NE #2**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **CEO** ☐ Delete
NAME **WALKER, CLAUDETTE**
STREET ADDRESS **215 11TH AVE. NE #2**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **DIRECTOR** ☐ Delete
NAME **DAVID E. SIAR**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** ☒ Change ☐ Addition
NAME **CLAUDETTE WALKER SIAR**
STREET ADDRESS **1420 58th Ave N**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **CEO** ☒ Change ☐ Addition
NAME **CLAUDETTE WALKER SIAR**
STREET ADDRESS **1420 58th Ave N**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **DAVID E. SIAR**
STREET ADDRESS **1420 58th Ave N**
CITY-ST-ZIP **ST. PETERSBURG, FL 33703**

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

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

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:

Claudette Walker Siar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2003
Date

727-522-4922
Daytime Phone #

CR2E034 (10/02)