

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000001945

1. Entity Name

INDIAN RIVER ABATEMENT, INC.

Principal Place of Business

3418 ENTERPRISE RD  
FT PIERCE FL 34982-556  
US

Mailing Address

3418 ENTERPRISE RD  
FT PIERCE FL 34982-6556  
US

2. Principal Place of Business

3420 Enterprise Rd

Suite, Apt. #, etc.

3. Mailing Address

3420 Enterprise Rd

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0382053

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NINESLING, MARY F  
9209 S INDIAN RIVER DR  
FT PIERCE FL 34982

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

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	NINESLING, MARY F	9209 S INDIAN RIVER DR	FT PIERCE FL 34982	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	BECKFORD, DONNA L	12805 S INDIAN RIVER DR	JENSEN BEACH FL 34957	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

MARY F. NINESLING  
President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90047 034 \*\*\*150.00

A0031017



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)