

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000040788

1. Entity Name
ABYSS, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91361 046 ***150.00

Principal Place of Business
128 NEPTUNE DRIVE
HYPOLUXO FL 33462

Mailing Address
128 NEPTUNE DRIVE
HYPOLUXO FL 33462

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** 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

STROSHEIN, KAREN E
128 NEPTUNE DRIVE
HYPOLUXO FL 33462

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STROSHEIN, KAREN E			NAME			
STREET ADDRESS	128 NEPTUNE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	HYPOLUXO FL 33462			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STROSHEIN, ARNOLD E			NAME			
STREET ADDRESS	128 NEPTUNE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	HYPOLUXO FL 33462			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STROSHEIN, JUDITH A			NAME			
STREET ADDRESS	128 NEPTUNE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	HYPOLUXO FL 33462			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STROSHEIN-ROUSSEALL, JAYNE			NAME			
STREET ADDRESS	234 S.W. 13TH AVENUE			STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL 33435			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attached
p93000040788

767804

MAY 9, 2001

TO WHOM IT MAY CONCERN:

PLEASE ACCEPT MY APOLOGY FOR
THIS TARDY (UBR) - MY RECENT EYE
SURGERY HAS LEFT ME 90% BLIND.
I HOPE YOU WILL WAIVE THE LATE
FEE.

SINCERELY,

X *Nancy Strachan*