

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90068 031 \*\*\*150.00

**DOCUMENT # P93000045995**

1. Entity Name

**AAA ABACUS MR. AUTO INSURANCE OF PORT CHARLOTTE**

Principal Place of Business

Mailing Address

3265-A TMAIANI TRAIL  
 PORT CHARLOTTE FL 33952  
 US

3265-A TAMIANI TRAIL  
 PORT CHARLOTTE FL 33980-2984  
 US

2. Principal Place of Business

3. Mailing Address

4699 Tamiami Trail  
 Suite, Apt. #, etc.

4699 Tamiami Trail  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Port Charlotte FL

City & State  
 Port Charlotte FL

4. FEI Number **59-3190457**

Applied For  
 Not Applicable

Zip  
 33980-2984

Country  
 USA

Zip  
 33980-2984

Country  
 USA

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

WILKINSON, G. BARRY ESQ.  
 696 1ST AVE. NORTH  
 SUITE 201  
 ST. PETERSBURG FL 33701

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	<b>D</b> WILKINSON, GREGORY T 530 N. GLENWOOD N. MUSKEGON MI 49445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> LINDBACK, CHARLES 3265-A TAMIANI TRAIL PORT CHARLOTTE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-00  
 Date

941-674-6688  
 Daytime Phone #

CR2E034 (9/99)