

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000045995

1. Entity Name

AAA ABACUS MR. AUTO INSURANCE OF PORT CHARLOTTE

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

03-21-2000 90068 031 ***150.00

Principal Place of Business

3265-A TMAIANI TRAIL
PORT CHARLOTTE FL 33952
US

Mailing Address

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

2. Principal Place of Business

4699 Tamiami Trail
Suite, Apt. #, etc.

3. Mailing Address

4699 Tamiami Trail
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Port Charlotte FL

Zip
33980-2984

Country
USA

City & State
Port Charlotte FL

Zip
33980-2984

Country
USA

4. FEI Number 59-3190457

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKINSON, GREGORY T 530 N. GLENWOOD N. MUSKEGON MI 49445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

947-674-6688
Daytime Phone #

CR2E034 (9/99)