

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000084694

1. Entity Name

GEORGE H. ABERTH, P.A.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90017 029 ***150.00

Principal Place of Business

4400 HIGHWAY 20 EAST
STE. 101. MERCHANTS WALK
NICEVILLE FL 32578
US

Mailing Address

4400 HIGHWAY 20 EAST
STE. 101. MERCHANTS WALK
NICEVILLE FL 32578
US

2. Principal Place of Business

4506 Highway 20 E
Suite, Apt. #, etc.
Suite 100

3. Mailing Address

825 Weeden Island Dr
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Niceville FL

City & State

Niceville FL

4. FEI Number

59-3202796

Applied For

Not Applicable

Zip

32578

Country

OKA/0059

Zip

32578

Country

OKA/0059

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABERTH, GEORGE H
825 WEEDEN ISLAND DR
NICEVILLE FL 32578

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, 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

TITLE D
NAME ABERTH, GEORGE H
STREET ADDRESS 825 WEEDEN ISLAND DR
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

TITLE D
NAME ABERTH, SALLY A
STREET ADDRESS 825 WEEDEN ISLAND DR
CITY-ST-ZIP NICEVILLE FL 32578 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

George H. Abert

George H. Abert Jr.

10 April 01

850 897 1231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)