

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90001 013 ***150.00

DOCUMENT # P95000045618

1. Entity Name

ABC SURPLUS, INC.

Principal Place of Business

**1013 NE OSCEOLA AVE
OCALA FL 34470**

Mailing Address

**206 NE 9TH STREET
OCALA FL 34470
US**

2. Principal Place of Business

206 N.E. 9ST.

3. Mailing Address

206 N.E. 9ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCALA, FLA

City & State
Ocala FLA.

4. FEI Number **59-3321360**

Applied For

Not Applicable

Zip
34470

Country
MARION

Zip
34470

Country
MARION

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

6. Name and Address of Current Registered Agent

**ISICOFF, IRVING
4013 NE OSCEOLA AVE 206 N.E. 9ST.
OCALA FL 34470**

7. Name and Address of New Registered Agent

Name **IRVING ISICOFF**

Street Address (P.O. Box Number is Not Acceptable)

206 N.E. 9ST.

City **OCALA FLA** FL Zip Code **34470**

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 **DPST**
NAME **ISICOFF, IRVING**
STREET ADDRESS **4013 NE OSCEOLA AVE 206 N.E. 9ST.**
CITY-ST-ZIP **OCALA FL 34470**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

IRVING ISICOFF

1-18-01

CR2E034 (10/00)