

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91324 012 \*\*\*150.00

DOCUMENT # P960000018648

1. Entity Name

Abra Services, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

911 E. North St

3. Mailing Address

PO Box 8809

Suite, Apt. #, etc.

Tpa, FL

Suite, Apt. #: etc.

Tpa, FL

City & State

City & State

3

Zip

33604

Country

Hillsborough

Zip

33674

Country

Hillsborough

4. FEI Number

593368013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Steven Arkin

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

911 E North St

Tampa, FL

City

FL

Zip Code

33604

**DO NOT WRITE  
IN THIS SPACE**

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)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

President  
Cynthia L. Arkin  
4113 Imperial Eagle Dr  
Valrico, FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Director  
Steven Arkin  
911 E. North St  
Tpa, FL 33604

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 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 #

5-1-02

(813) 376-3790

CR2E034B (12/01)