

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

0001547 AV

DOCUMENT # P96000103700

1. Entity Name
ABEL IMPROVEMENTS, INC.



08-01-2003 90137 002 ***150.00
08-01-2003 90137 001 ***550.00

Principal Place of Business
**2090 S. NOVA RD
A-110
SOUTH DAYTONA FL 32119**

Mailing Address
**2090 S. NOVA RD
A-110
SOUTH DAYTONA FL 32119**



2. Principal Place of Business
2312 Crescent Ridge Rd
Suite, Apt. #, etc.

3. Mailing Address
2312 Crescent Ridge Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Daytona Beach, FL
Zip
32118
Country
Venezuela

City & State
Daytona Beach, FL
Zip
32118
Country
Venezuela

4. FEI Number **59-3425026**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**BRUMER, BARRY N
101 YELKA TERRACE
SUITE B
EDGEWATER FL 32132**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABEL, STEVE 2312 CRESCENT RIDGE RD DAYTONA BEACH FL 32118	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST ABEL, CAROLYN 2312 CRESCENT RIDGE RD DAYTONA BEACH FL 32118	<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

11. 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

730-03

Date Daytime Phone #

CR2E034 (4/03)