

2001 UNIFORM BUSINESS REPORT (UBR)

0134262

DOCUMENT # P97000027609

1. Entity Name

ABCOR REPAIR, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 25 AM 11:11

Principal Place of Business

2195 N. ANDREWS AVE. EXTENSION
POMPAÑO BEACH FL 33069

Mailing Address

2195 N. ANDREWS AVE. EXTENSION
POMPAÑO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0739284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THURROTT, ANNA M
2195 N. ANDREWS AVE. EXTENSION
POMPAÑO BEACH FL 33069

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME THURROTT, ANNA M.
STREET ADDRESS 2195 N. ANDREWS AVE. EXTENSION
CITY-ST-ZIP POMPAÑO BEACH FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700004435597-5
-06/21/01--01084--014
****150.00 ****150.00

TITLE VD
NAME THURROTT, DAVID L
STREET ADDRESS 2195 N ANDREWS AVE
CITY-ST-ZIP POMPAÑO BCH FL 33069 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

CR2E034 (10/00)

Attachment

Abcor Repair & Service, Inc., Thurrott, dba

RepairLthd.wps & Fax Form

2195 N. Andrews Ave
Suite 16
Pompano Beach, Fl. 33069
USA

P97000027609

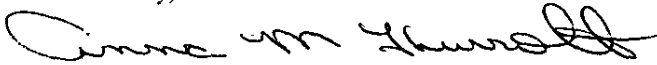
Telephone 954-979-1888

Fax 954-979-1999

e-Mail : abcorincthurrott@mediaone.com

PLEASE BE ADVISED: I have called twice for a dissolution form and as of this date I have received nothing from you. I wrote this check out because I did not want a penalty. Please do not cash it, call me first to see what I must do in order to dissolve this company! I HAD NO OTHER OPTION !

Sincerely,



Anna Thurrott
President