

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90031 011 ***150.00

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DOCUMENT # P97000063717

1. Entity Name

ABRAHAM WOODWORKS, INC.

Principal Place of Business

Mailing Address

4505-131ST AVENUE NORTH
 SUITE #22
 CLEARWATER FL 33760

4505-131ST AVENUE NORTH
 SUITE #22
 CLEARWATER FL 33760

111100

2. Principal Place of Business

3. Mailing Address

4505-131st AVENUE N
 SUITE #2

4505-131st AVENUE NORTH
 SUITE #2



DO NOT WRITE IN THIS SPACE

City & State

City & State

CLEARWATER FL

CLEARWATER FL

4. FEI Number **59-3460681**

Applied For

Not Applicable

Zip **33762**

Country **USA**

Zip **33762**

Country **USA**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKIPPER, DANIEL
 4505-131ST AVENUE NORTH
 SUITE #18
 CLEARWATER FL 33760

Name **SKIPPER PRES, DANIEL**
 Street Address (P.O. Box Number is Not Acceptable)
4505-131ST AVENUE NORTH
SUITE #2
 City **CLEARWATER** FL Zip Code **33762**

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 *Daniel Skipper Pres* PRES. DATE 2-13-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete
NAME	SKIPPER, DANIEL
STREET ADDRESS	4505-131ST AVENUE NORTH SUITE 18
CITY-ST-ZIP	CLEARWATER FL 33760
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 *Daniel Skipper Pres* DATE 2-13-01 DAYTIME PHONE # (727) 591-4332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)