

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080495

1. Entity Name

ABACUS SERVICES, INC.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90041 038 \*\*\*150.00

Principal Place of Business

Mailing Address

1044 CYPRESS POINTE DR (1644)  
CORAL SPRINGS FL 33071

P O BOX 770862  
CORAL SPRINGS FL 33077-0862

2. Principal Place of Business

1644 CYPRESS POINTE DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

4. FEI Number

65-0784543

Applied For

Not Applicable

Zip

33071

Country

USA

Zip

33077-0862

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

SPRACKLEN, N B  
820 CORAL RIDGE DR  
CORAL SPGS FL 33071

Name

SPRACKLEN, N.B.

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

1644 CYPRESS POINTE DR

City

CORAL SPRINGS

FL

Zip Code

33071

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.

SPRACKLEN, N.B.

(NOTE: Registered Agent signature required when reinstating)

2/12/00

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, 2000 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 PD ☐ Delete

NAME SPRACKLEN, GILLIAN M  
STREET ADDRESS 1644 CYPRESS POINTE DR  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE PD ☒ Change ☐ Addition

NAME SPRACKLEN, NEVILLE B  
STREET ADDRESS 1644 CYPRESS POINTE DR  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE SVDT ☐ Delete

NAME SPRACKLEN, NEVILLE B  
STREET ADDRESS 1644 CYPRESS POINTE DR  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE SVDT ☒ Change ☐ Addition

NAME SPRACKLEN, NEVILLE B  
STREET ADDRESS 1644 CYPRESS POINTE DR  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2/12/00

Date

(954) 7968055

Daytime Phone #

CR2E034 (999)