

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029388

1. Entity Name

ABEL EXCAVATING CO.

Principal Place of Business

14135 DREAM OAK DRIVE  
HUDSON FL 34669

Mailing Address

14135 DREAM OAK DRIVE  
HUDSON FL 34669

2. Principal Place of Business

15642 U.S. HWY. 19

3. Mailing Address

P.O. Box 6190

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson, FL

City & State

Hudson, Florida

Zip 34667

Country PASCO

Zip 34674

Country PASCO

4. FEI Number

59-3508444

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHRAM, KINK  
14135 DREAM OAK DR  
HUDSON FL 34664

7. Name and Address of New Registered Agent

Name SCHRAM, KIRK

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

14135 DREAM OAK DRIVE

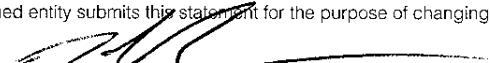
City

Hudson,

FL

Zip Code 34669

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 04/18/01

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

TITLE PTD  
NAME SCHRAM, KIRK L  
STREET ADDRESS 14135 DREAM OAK DRIVE  
CITY-ST-ZIP HUDSON FL 34669

Delete

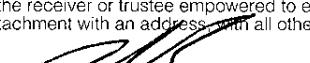
TITLE VSD  
NAME SCHRAM, ROBERT J  
STREET ADDRESS 14135 DREAM OAK DRIVE  
CITY-ST-ZIP HUDSON FL 34669

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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

4-18-01

Date

Daytime Phone #

CR2E034 (10/00)