

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90095 018 ***150.00

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

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6190

Suite, Apt. #, etc.

City & State

Hudson, FL

City & State

Hudson, Florida

4. FEI Number

59-3508444

Applied For

Not Applicable

Zip

Country

34669

PASCO

Zip

Country

34674

PASCO

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]*

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	<input type="checkbox"/> Delete
NAME	SCHRAM, KIRK L	
STREET ADDRESS	14135 DREAM OAK DRIVE	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SCHRAM, ROBERT J	
STREET ADDRESS	14135 DREAM OAK DRIVE	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14130 DREAM OAK DRIVE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-01

CR2E034 (10/00)