

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90082 035 \*\*\*150.00

**DOCUMENT #** P98000053121

**1. Entity Name**  
ABAKUS BUILDERS INC.



**Principal Place of Business**

1565 OLD MAUTRIE RD  
SAINT AUGUSTINE FL 32084

**Mailing Address**

1565 OLD MAUTRIE RD  
SAINT AUGUSTINE FL 32084

**2. Principal Place of Business**

8153 Wendover Rd.

**3. Mailing Address**

8153 Wendover Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Saint Augustine FL.

**City & State**

ST Augustine FL.

**Zip**

32092

**Country**

ST Johns

**Zip**

32092

**Country**

ST Johns

**4. FEI Number**

59-3517971

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

HEISMAN, BRUCE A  
2055 WILDWOOD DRIVE  
SAINT AUGUSTINE FL 32084

**7. Name and Address of New Registered Agent**

**Name** Heishman Bruce A.

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

8153 Wendover Rd.

**City** Saint Augustine

**FL**

**Zip Code**

32092

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** P ☐ Delete  
**NAME** HEISHMAN, BRUCE A  
**STREET ADDRESS** 2055 WILDWOOD DRIVE  
**CITY-ST-ZIP** SAINT AUGUSTINE FL 32084

**TITLE** PVST ☐ Delete  
**NAME** HELSHMAN, BRUCE A  
**STREET ADDRESS** 2055 WILDWOOD DR  
**CITY-ST-ZIP** SAINT AUGUSTINE FL 32084

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PSVT ☒ Change ☐ Addition  
**NAME** BRUCE A HEISHMAN  
**STREET ADDRESS** 8153 WENDOVER RD  
**CITY-ST-ZIP** ST AUGUSTINE FL 32092

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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

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

**12. 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 10 or Block 11 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**

Jan 21/2003

Date

904 8241585

Daytime Phone #

CR2E034 (10/02)