

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057459

1. Entity Name

ABACUS ELECTRIC COMPANY, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90396 039 ***158.75

Principal Place of Business

2500 SILVER STAR RD.
ORLANDO FL 32804-3324

Mailing Address

2500 SILVER STAR RD.
ORLANDO FL 32804-3324

2. Principal Place of Business

2536 SILVER STAR RD

3. Mailing Address

2536 SILVER STAR RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3521833

Applied For

Not Applicable

Zip

32804

Country

US

Zip

32804

Country

US

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

LEVIT, ROBERT

2500 SILVER STAR RD.
ORLANDO FL 32804-3324

Name

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

2536 SILVER STAR RD

City

ORLANDO

FL

Zip Code

32804

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

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 ☐ Delete
NAME D
STREET ADDRESS LEVIT, ROBERT
CITY-ST-ZIP 2500 SILVER STAR RD.
ORLANDO FL 32804-3324

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS LEVIT, ROBERT
CITY-ST-ZIP 2536 SILVER STAR RD
ORLANDO, FL 32804

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-01

407-294-3444 X.13

CR2E034 (10/00)