

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017388

1. Entity Name

JOHN ABRAMS CONTRACTING, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90158 047 \*\*\*150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 3795  
N. FT. MYERS FL 33918

POST OFFICE BOX 3795  
N. FT. MYERS FL 33918-3795

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0898819

Applied For

Not Applicable

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

ABRAMS, JOHN C SR.  
1203 N E 10TH TERRACE  
CAPE CORAL FL 33909

Name

Donna Johnson

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

1203 NE 10th Terrace

City

Cape Coral

FL

Zip Code

33909

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: Donna Johnson DONNA JOHNSON 4/5/00

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, 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	D	<input type="checkbox"/> Delete
NAME	ABRAMS, JOHN C SR.	
STREET ADDRESS	1203 N E 10TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABRAMS, JOHN C JR.	
STREET ADDRESS	1203 N E 10TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, DONNA	
STREET ADDRESS	1203 N E 10TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33909	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abrams, John C Sr	
STREET ADDRESS	1203 NE 10th Terr.	
CITY-ST-ZIP	Cape Coral, FL 33909	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Abrams John C Jr	
STREET ADDRESS	1203 NE 10th Terr	
CITY-ST-ZIP	Cape Coral, FL 33909	
TITLE	Secretary / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Donna	
STREET ADDRESS	1203 NE 10th Terr.	
CITY-ST-ZIP	Cape Coral, FL 33909	
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 another like empowered.

SIGNATURE:

Donna Johnson DONNA JOHNSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/00 941 458-5345