

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000072582

1. Entity Name

A B SERVICE, INCORPORATED

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90004 044 \*\*\*150.00

Principal Place of Business

1207 NW 18TH ST  
CAPE CORAL FL 33993

Mailing Address

1207 NW 18TH ST  
CAPE CORAL FL 33993-5065

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

☒ 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

~~ROSSMAN, DENNIS~~  
1207 NW 18TH ST  
CAPE CORAL FL 33993

Name

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

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when

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**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BARTA, ANITA M  
CITY-ST-ZIP EICHBUHELWEG 38  
6840 GOETZIS, AUSTRIA

TITLE ☐ Delete  
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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: ANITA BARTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 19 2000 #011-43-5523-5480

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

*As indicated, I am now  
applying for an EIN  
(FEI) number.*  
**ANITA BARTA**