

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90115 002 \*\*\*150.00

0657191 IN

**DOCUMENT # P99000085470**

1. Entity Name

**THE ABRAHAM GROUP, INC.**

Principal Place of Business

**8925 EASTHAVEN COURT  
 NEW PORT RICHEY FL 34653**

Mailing Address

**19 O'BRIEN STREET, SUITE 1  
 ORILLIA, ONTARIO L3V 5S1**

2. Principal Place of Business

**1300 S LAKE HOWARD DR**

3. Mailing Address

**1300 S. LAKE HOWARD DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**100**

City & State

**WINTER HAVEN, FL**

City & State

**WINTER HAVEN, FL**

Zip

**33880**

Country

**USA**

Zip

**33880**

Country

**USA**

4. FEI Number

**59-3959917**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LANCASTER, JOHN J  
 4740 CLEVELAND HEIGHTS BOULEVARD  
 LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name  
**STEVEN ABRAHAM**

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

**1300 S. LAKE HOWARD DR #508**

City

**WINTER HAVEN**

**FL**

Zip Code

**33880**

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]*

**STEVEN ABRAHAM**

**1-31-02**

(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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABRAHAM, ALICE M</b>	
STREET ADDRESS	<b>9 HAWTHORNE PLACE RR #2</b>	
CITY-ST-ZIP	<b>ORILLIA ONTARIO CANADA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABRAHAM, STEVEN K</b>	
STREET ADDRESS	<b>4060 ROSENDA COURT UNIT #230</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA 92122</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABRAHAM-PHILIP, KATHLEEN</b>	
STREET ADDRESS	<b>9 HAWTHORNE PLACE, RR #2</b>	
CITY-ST-ZIP	<b>ORILLIA ONTARIO L3V 6H2</b>	
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	<b>ABRAHAM, STEVEN K</b>	
STREET ADDRESS	<b>1300 S. LAKE HOWARD DR #508</b>	
CITY-ST-ZIP	<b>WINTER HAVEN, FL, 33880</b>	
TITLE	<b>ABRAHAM-PHILIP, KATHLEEN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>9 H</b>	
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]* **STEVEN ABRAHAM**

**1-31-02 (863) 293 5557**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)