

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90063 035 \*\*\*150.00

**DOCUMENT # P99000106048**

**1. Entity Name**  
**ABC ACCOUNTING SERVICES, INC.**

**Principal Place of Business**

**2605-D KURT ST.**  
**EUSTIS FL 32726**

**Mailing Address**

**2605-D KURT ST.**  
**EUSTIS FL 32726**

**2. Principal Place of Business**  
**13850 Donovan Lane**

Suite, Apt. #, etc.

**3. Mailing Address**  
**P O Box 350310**

Suite, Apt. #, etc.

**City & State**  
**Grand Island, FL 32735**

**City & State**  
**Grand Island, FL 32735-0310**

**4. FEI Number** **59-3612637**

**Applied For**  
**Not Applicable**

**Zip** **Country**

**Zip** **Country**

**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**

**RUSSELL, CLAUDIA**  
**2605-D KURT ST.**  
**EUSTIS FL 32726**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**13850 Donovan Lane**  
**City** **Grand Island** **FL** **Zip Code** **32735**

**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** \_\_\_\_\_ **03/13/02**  
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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

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

|  |  |                                 |
|--|--|---------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>PSD</b><br><b>RUSSELL, CLAUDIA</b><br><b>2605-D KURT STREET</b><br><b>EUSTIS FL 32726</b> | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Delete |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  | <input type="checkbox"/> Delete |

|  |  |
|--|--|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>13850 Donovan Lane</b><br><b>Grand Island, FL 32735</b>                 |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|  |  |

**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:** Claudia Russell **Claudia Russell** **03/13/02** **352-589-2552**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0075151  
 CR2E034 (9/01)