

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91703 037 ***150.00

DOCUMENT # S13565

1. Entity Name

A ABACUS MR. AUTO INSURANCE OF SOUTH FT. MYERS, INC.

Principal Place of Business

**5240 BANK ST
 STE 16
 FT MYERS FL 33907
 US**

Mailing Address

**5240 BANK ST
 STE 16
 FT MYERS FL 33907
 US**

2. Principal Place of Business

15200 S. Tamiami Trail

3. Mailing Address

15200 S. Tamiami Trail

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

FL Myers, FL

City & State

FL Myers FL

Zip

33908

Country

USA

Zip

33908

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LINDBACK, DAVID C.
 5240 BANK ST
 STE 16
 FT. MYERS FL 33907**

**LINDBACK, DAVID C.
 920 SE 43 TR
 CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name

LINDBACK, DAVID C.

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

920 SE 43 TR

City

CAPE CORAL

FL

Zip Code

33904

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, 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	C	<input type="checkbox"/> Delete
NAME	LINBACK, DAVID C	
STREET ADDRESS	920 SE 43RD TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	PST	<input type="checkbox"/> Delete
NAME	LINDBACK, DAVID C.	
STREET ADDRESS	920 SE 43RD TERRACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

DAVID C. LINDBACK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-693-1118

CR2E034 (9/01)