

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90043 014 ***150.00

DOCUMENT # V02063
 1. Entity Name
ROBERT ABRAHAM, P.A.

Principal Place of Business
347 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

Mailing Address
347 S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114



2. Principal Place of Business
149 S. RIDGEWOOD AVE.

3. Mailing Address
149 S. RIDGEWOOD AVE.

Suite, Apt. #, etc.
SUITE 500

City & State
DAYTONA BEACH, FL

4. FEI Number **59-3097038**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip **32114** Country **VOLUSTIA**

Zip **32114** Country **VOLUSTIA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAHAM, ROBERT
347 S RIDGEWOOD AVE
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
149 S. RIDGEWOOD AVE.
SUITE 500
 City **DAYTONA BEACH** **FL** Zip Code **32114**

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 *Robert Abraham* DATE 1/10/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 NAME STREET ADDRESS CITY-ST-ZIP	PST ABRAHAM, ROBERT 347 S. RIDGEWOOD AVE DAYTONA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAHAM, ROBERT 347 S. RIDGEWOOD AVE DAYTONA BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
149 S. RIDGEWOOD AVE., SUITE 500 DAYTONA BEACH, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
149 S. RIDGEWOOD AVE., SUITE 500 DAYTONA BEACH, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Robert Abraham* **President** DATE 1/10/02 DAYTIME PHONE # 386-258-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)