

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90834 001 ***750.00

DOCUMENT # **G86661**

1. Entity Name
AFFILIATED BUSINESS SOLUTIONS, INC.

Principal Place of Business
**120 N.W. 12TH AVENUE
 TAX DEPT
 DEERFIELD BEACH FL 33442**

Mailing Address
**111 NW 12TH AVE
 DEERFIELD BEACH FL 33442-1701
 US**

7870



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 NW 12th AVENUE
 Suite, Apt. #, etc.
3rd floor

3. Mailing Address
111 NW 12th AVENUE
 Suite, Apt. #, etc.
LEGAL DEPT JMB PO 18

City & State
DEERFIELD BEACH FL DEERFIELD BEACH FL

4. FEI Number **59-2886988** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country **33442 USA**

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6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
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, 2000 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	S WHELAN, JOHN J. 100 NW 12TH AVE DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, GARY L 100 NW 12TH AVE DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, A TUCKER 100 NW 12TH AVENUE DEERFIELD BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BRILLIANT, JON A 100 N.W. 12TH AVE. DEERFIELD BEACH FL 33442 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, COLIN W 100 NW 12TH AVE. DEERFIELD BCH FL 33442 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, JAMES R 100 NW 12TH AVENUE DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: John J. Whelan **JOHN J. WHELAN** **SECRETARY** **4/11/00** **954-429-2000**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)