

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90019 024 ***150.00

DOCUMENT # P98000052016

1. Entity Name
ABSA INVESTMENT CO.

Principal Place of Business 2121 WEST FIRST STREET FORT MYERS FL	Mailing Address 2121 WEST FIRST STREET FORT MYERS FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0846404		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BRETT, JAY A 2121 WEST FIRST STREET FORT MYERS FL				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. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIDERMAN, ABE		NAME		
STREET ADDRESS	1101 EGRET'S WALK CIRCLE, UNIT 101		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP		
TITLE	SDT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, STANLEY M		NAME		
STREET ADDRESS	21211 TELEGRAPH ROAD		STREET ADDRESS		
CITY-ST-ZIP	SOUTHFIELD MI 48034		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **1/24/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

UBR / 441 AV

DOCUMENT # P98000052016
 1. Entity Name
ABSA INVESTMENT CO.

413148

Principal Place of Business: **2121 WEST FIRST STREET FORT MYERS FL**
 Mailing Address: **2121 WEST FIRST STREET FORT MYERS FL**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **65-0846404**
 Applied For: Not Applicable:

Zip: Country

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

6. Name and Address of Current Registered Agent
BRETT, JAY A
2121 WEST FIRST STREET
FORT MYERS FL

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: _____ (NOTE: Registered Agent signature required when re-registering) 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: DP	<input type="checkbox"/> Delete
NAME: LEIDERMAN, ABE	
STREET ADDRESS: 1101 EGRET'S WALK CIRCLE, UNIT 101	
CITY-ST-ZIP: NAPLES FL 34108	
TITLE: SDT	<input type="checkbox"/> Delete
NAME: ROSEN, STANLEY M	
STREET ADDRESS: 21211 TELEGRAPH ROAD	
CITY-ST-ZIP: SOUTHFIELD MI 48034	
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 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: _____	
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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: *Abel Leiderman* 1/24/02

CRP034 (9/01)

Attachment
Document # p98000052016

SHUMAKER, LOOP & KENDRICK, LLP

NORTH COURTHOUSE SQUARE

1000 JACKSON

TOLEDO, OHIO 43624-1573

TELEPHONE (419) 241-9000

FAX (419) 241-6894

413/48
OTHER OFFICE LOCATIONS:

CHARLOTTE

COLUMBUS

TAMPA

John W. Hilbert II
(419) 321-1390
jhilbert@slk-law.com

February 6, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

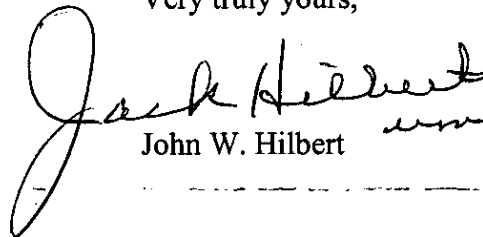
Re: 2002 Uniform Business Report – Absa Investment Co.

Gentlemen:

Please find enclosed for filing the Uniform Business Report for the above-captioned. Also included with this letter is the \$150 filing fee. I am enclosing an extra copy of the report and would ask that you file stamp the same and return it to me in the enclosed self-addressed envelope.

Thanking you in advance, I remain

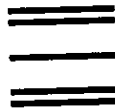
Very truly yours,


John W. Hilbert

JWH:vms
Enc.
44609
cc: Abe Leiderman

SHUMAKER, LOOP & KENDRICK, LLP

NORTH COURTHOUSE SQUARE
1000 JACKSON
TOLEDO, OHIO 43624-1573



413198

SHUMAKER, LOOP & KENDRICK, LLP

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ATTENTION:

See Exhibit

