

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90226 033 \*\*\*150.00

**DOCUMENT # P98000075521**

1. Entity Name  
**ABSOLUTE VALUE, INC.**

Principal Place of Business  
**4512 SHARK DRIVE**  
**BRADENTON FL 34208**

Mailing Address  
**4512 SHARK DRIVE**  
**BRADENTON FL 34208**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**P.O. Box 162**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 162**  
 Suite, Apt. #, etc.

City & State  
**Terra Ceia, FL**  
 Zip  
**34250**  
 Country  
**USA**

City & State  
**Terra Ceia, FL**  
 Zip  
**34250**  
 Country  
**USA**

4. FEI Number  
**65-0861242**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**AMERILAWYER**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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 \_\_\_\_\_  
 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 **PD**  
 NAME **PAINTER, DONALD H** ☐ Delete  
 STREET ADDRESS **4512 SHARK DRIVE**  
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **STD**  
 NAME **PAINTER, DIANA M** ☐ Delete  
 STREET ADDRESS **4512 SHARK DRIVE**  
 CITY-ST-ZIP **BRADENTON FL 34208**

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_ ☐ Delete  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_ ☐ Delete  
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 CITY-ST-ZIP \_\_\_\_\_

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 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
 NAME \_\_\_\_\_ ☐ Delete  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Painter, Donald H**  
 STREET ADDRESS **P.O. Box 162**  
 CITY-ST-ZIP **Terra Ceia, FL 34250**

TITLE **STD** ☒ Change ☐ Addition  
 NAME **Painter, Diana M**  
 STREET ADDRESS **P.O. Box 162**  
 CITY-ST-ZIP **Terra Ceia, FL 34250**

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_ ☐ Change ☐ Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

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 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_ ☐ Change ☐ 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: *Donald H. Painter* **RESIDENT REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4/21/02** Daytime Phone # **941-722-8686**

CR2E034 (9/01)