

DOCUMENT # P98000094594

1. Entity Name
ABSOLUTE TRAFFIC ACADEMY, INC.

Principal Place of Business
8518 TULIP COURT
ORLANDO FL 32819

Mailing Address
PO BOX 1418
WINTER PARK FL 32790
US

2. Principal Place of Business
1850 LEE RD.
Suite, Apt. #, etc.
SUITE 334
City & State
WINTER PARK, FL.
Zip
32789
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90042 004 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3557657
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PAGE, THOMAS P
8518 TULIP COURT
ORLANDO FL 32819
1850 LEE RD.
SUITE 334
WINTER PARK, FL 32789

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, 2001 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	PT <input type="checkbox"/> Delete
NAME	PAGE, THOMAS P
STREET ADDRESS	PO BOX 1418
CITY - ST - ZIP	WINTER PARK FL 32790
TITLE	VPS <input type="checkbox"/> Delete
NAME	PROEHEL, ROBERT W
STREET ADDRESS	BOX 1418
CITY - ST - ZIP	WINTER PARK FL 32790
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	
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: Robert W Proehl Vice Pres. 1/6/01 407 629-4811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)