

2000 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED

Aug 02, 2000 8:00 am
Secretary of State

07-11-2000 90171 045 \*\*\*150.00

DOCUMENT # P99000079925

1. Entity Name
AMERICAN BACKGROUND SEARCHES, INC. R

Principal Place of Business
115 PARKSIDE COLONY DR
TARPON SPRINGS FL 34689

Mailing Address
115 PARKSIDE COLONY DR
TARPON SPRINGS FL 34689

2. Principal Place of Business
115 PARKSIDE COLONY DR
Suite, Apt. #, etc.

3. Mailing Address
PARKSIDE COLONY DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

EXISTING

City & State
TARPON SPRINGS, FL
Zip
34689
Country
U.S.

City & State
TARPON SPRINGS, FL
Zip
34689
Country
U.S.

4. FEI Number
69-3598084
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCALL, SHARON G
115 PARKSIDE COLONY DR
TARPON SPRINGS FL 34689

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 7 rows for Officers and Directors. Includes columns for Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox. Handwritten entry: President & Director SHARON MCCALL, 115 PARKSIDE COLONY DR, TARPON SPRINGS, FL 34689.

Table with 7 rows for Additions/Changes to Officers and Directors. Includes columns for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and 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 in an address, with all other like empowered.

SIGNATURE: Sharon McCall (SHARON MCCALL) 7-700 (727) 942-2620
Date Daytime Phone #

CR2E034 (5/00)