

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # S68736**

1. Entity Name  
**AXIOM SERVICES, INC.**

Principal Place of Business 1805 DREW ST CLEARWATER FL 33765 US	Mailing Address 1805 DREW ST CLEARWATER FL 33765 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3082969</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PALMER, STEVE**  
**1805 DREW ST**  
**CLEARWATER FL 33765 US**

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 **07/21/2000**  
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLICKMAN PETER</b>	NAME	<b>CLARK ED</b>
STREET ADDRESS	<b>1805 DREW ST</b>	STREET ADDRESS	<b>1805 DREW ST</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>	CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICK DEWITT</b>	NAME	
STREET ADDRESS	<b>1805 DREW ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALMER, STEVE</b>	NAME	
STREET ADDRESS	<b>1805 DREW ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>	CITY-ST-ZIP	
TITLE	CDP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREENBAUM, DAVID</b>	NAME	
STREET ADDRESS	<b>1805 DREW ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33765</b>	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: Ed Clark

07/21/2000