2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State
02-27-2001 90310 033 ***150.00

DOCUMENT # P93000056191

1. Entity Name
ABSOLUTEVALUE SOFTWARE, INC.

Principal Place of Business	Mailing Address
~~642 TUSCARORA TRAIL~~ ~~MAITLAND FL 32751~~	~~642 TUSCARORA TRAIL~~ ~~MAITLAND FL 32751~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
715-D North Drive Suite, Apt. #, etc.	715-D North Drive Suite, Apt. #, etc.
City & State: Melbourne, FL	City & State: Melbourne, FL
Zip: 32934 Country: USA	Zip: 32934 Country: USA

4. FEI Number 59-3193955 ☐ 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
MATHEWS, MARK S ~~642 TUSCARORA TRAIL~~ ~~MAITLAND FL 32751~~	Name Street Address (P.O. Box Number is Not Acceptable): 715-D North Drive City: Melbourne **FL** Zip Code: 32934

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 the filing requirement and elects to do so. (See criteria on back) ☐ Corporation has filed an Intangible Tax Return for 2001

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MATHEWS, MARK S ~~642 TUSCARORA TRAIL~~ ~~MAITLAND FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	715-D North Drive Melbourne, FL 32934	☒ Change ☐ Addition
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CR2E034 (10/00)

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: _____ 1/26/2001 321-259-0737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #