

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90073 041 ***150.00

DOCUMENT # 527273

1. Entity Name

ABSOLUTE, INC.

Principal Place of Business

**2807 W. BUSCH BLVD.
SUITE 202
TAMPA FL 33618**

Mailing Address

**2807 W. BUSCH BLVD.
SUITE 202
TAMPA FL 33618**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1820343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ANDREWS, JANA
2807 W. BUSCH BLVD.
SUITE 202
TAMPA FL 33618**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	P	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	ANDREWS, JAMES H.						
	2807 W. BUSCH BLVD. SUITE #202						
	TAMPA FL						
	S	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	ANDREWS, KAREN P						
	2807 W. BUSCH BLVD., SUITE #202						
	TAMPA FL						
	TVP	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	ANDREWS, JANA						
	2807 W BUSCH BLVD, SUITE #202						
	TAMPA FL						
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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 with an address, with all other like empowered.

SIGNATURE:

Jana Andrews **Jana Andrews VP** 2/8/02 (813) 932-8499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)