

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90078 044 ***150.00

DOCUMENT # F98000002488

1. Entity Name

ABSOLUTE BACKORDER SERVICES, INC.

Principal Place of Business

**36 EDWARDS ROAD
 FOXBORO MA 02035**

Mailing Address

**36 EDWARDS ROAD
 FOXBORO MA 02035**

2. Principal Place of Business

475 Washington St.

3. Mailing Address

475 Washington St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wrentham MA

City & State

Wrentham MA

Zip

02093

Country

Norfolk

Zip

02093

Country

Norfolk

4. FEI Number

04-3324132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LYCUS, CHRISTINE
 710 NE THIRD AVE
 GAINESVILLE FL 32601**

Delete

7. Name and Address of New Registered Agent

Name

Theo Zophres

Street Address (P.O. Box Number is Not Acceptable)

6200 Almond Terrace

City

Plantation, FL

FL

Zip Code
33317

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 **Theo Zophres**

Theo Zophres

1/25/02

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

TITLE **PT** ☐ Delete
 NAME **JAEGER, GLENN**
 STREET ADDRESS **36 EDWARDS ROAD**
 CITY-ST-ZIP **FOXBORO MA 02035**

TITLE **VS** ☒ Delete
 NAME **CLARKE, TRACEY**
 STREET ADDRESS **179 FRUIT ST**
 CITY-ST-ZIP **MANSFIELD MA 02048**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02 508-384-0122

Date

Daytime Phone #

CR2E034 (9/01)