2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J82722

1. Entity Name

AMERICA 'S BUSINESS SPECIALISTS OF FLORIDA, INC.



FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90334 025 ***150.00

% CHARLES A. ALARIO % 2425 FRUITVILLE RD. 242		Mailing Address % Charles A. Alari 2425 FRUITVILLE RD. SARASOTA FL 34237	% CHARLES A. ALARIO 2425 FRUITVILLE RD.							
2. Principal Place of Business		3. Mailing Address						DIBIL DIBIL BI		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. F	FO-7837738			pplied For	-
Zip	Country	Zip Cou		try	5. Certificate of Status Desired		\$8.75 Additional Fee Required			1
<u> </u>	6. Name and Address of Current I	Registered Agent	istered Agent			7. Name and Address of New Registered Agent				
			Name							
ALARIO, CHARLES A.			_					_		
	•		Street Address			(P.O. Box Number is Not Acceptable)				
	IITVILLE RD.									4
SARASOT	TA FL 34237									
				City			FL	Zip Code	9	1
8. The above	e named entity submits this statement for	the purpose of changing	tits registere	L ed office or registe	ered an	ent, or both, in the State of Florid	a Lam far	l niliar with	and accept	-
	tions of registered agent.	and parpood or origing	, o g.o.o.	30 033 3. 139.313		on, or both, mand black or trotte	u. 1 u. 11 ru.	rinical tricity	and accept	1
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SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable f	NOTE: Registere	d Agent signature require	rd when re	inetation)	DATE			
	agriculta, types of printed name of registrate agent a	To the happicable.	itoria. Inogistala	a Agent alguatare require	a what to	iniotaling/				_
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		State				Election Campaign Finan Trust Fund Contribution.	cing		0 May Be to Fees	
10.			144		4.0	DITIONS IO LANGES TO OFFICE	DO AND D	VDCOTOD/	2.151.44	4
	OFFICERS AND DIRECTORS		11.		AU	DITIONS/CHANGES TO OFFICE				่ ส
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12. I hereby certify that the information supplied with this filling close 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 receives of this true and accurate the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like expowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition