

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

05-01-2003 90997 029 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000023180

1. Entity Name

ABSOLUTE BUSINESS CONSULTING, INC.

70053871

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1653 26th Avenue

Suite, Apt. #, etc.

3. Mailing Address

1653 26th Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Vero Beach, FL

City & State  
 Vero Beach, FL

4. FEI Number

65-0988649

Applied For

Not Applicable

Zip  
 32960

Country  
 USA

Zip  
 32960

Country  
 USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Ray Brubaker**

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

1653 26th Avenue

City **Vero Beach**

**FL**

Zip Code  
 32960

**DO NOT WRITE IN THIS SPACE**

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

*Ray Brubaker CEO/PRES*  
 Ray Brubaker, Reg. Agent

4/16/03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retaking)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
 After May 1 Fee is \$550.00  
 Amended UBR is \$81.25  
 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	D/P/S/T
NAME	Brubaker, Ray
STREET ADDRESS	1653 26th Ave., Vero Beach, FL 32960
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

CR2E034E (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ray Brubaker Pres*  
 Ray Brubaker, President

4/16/03

772-770-9570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #