

**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 # P0000023180**  
 1. Entity Name  
**ABSOLUTE BUSINESS CONSULTING, INC.**

**70053871**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1653 26th Avenue</b>		3. Mailing Address <b>1653 26th Avenue</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Vero Beach, FL</b>		City & State <b>Vero Beach, FL</b>	
Zip <b>32960</b>	Country <b>USA</b>	Zip <b>32960</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0988649</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>Ray Brubaker</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1653 26th Avenue</b>
City <b>Vero Beach</b> FL Zip Code <b>32960</b>

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  
(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) <input type="checkbox"/>	January 1 - May 1 Fee is <b>\$150.00</b> After May 1, Fee is <b>\$550.00</b> Amended UBR is <b>\$81.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE <b>D/P/S/T</b>	NAME <b>Brubaker, Ray</b>	TITLE	NAME
STREET ADDRESS <b>1653 26th Ave., Vero Beach, FL 32960</b>	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

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 #

CR2E034E (12/01)