## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**



**FILED** Jan 13, 2003 8:00 am Secretary of State

1. Entity I ABSOL INC.	UTELY CLEAN PROFESSI		RVICE,	01-13-2003 90346 042 ***150.00
Principal Place of Business 7702 N. ROME AVENUE TAMPA FL 33604		Mailing Address 7702 N. ROME AVENUE TAMPA FL 33604		
2. Principa	al Place of Business	3. Mailing Address		
	pt. #, etc.	Suite, Apt. #, etc.  City & State		CHECK HERE IF MAKING CHANGES
City & S				4. FEI Number 59-3520541 Applied For
	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Curre	ent Registered Agent		Fee Required 7. Name and Address of New Registered Agent
HUBING	ER, IRENA		Name	Acutess of New Registered Agent
7702 N.	ROME AVENUE		Street A	Address (P.O. Box Number is Not Acceptable)
10mi A i	L 00004			
			City	FL Zip Code
the abov	e named entity submits this statemen ations of registered agent	t for the purpose of changing it	s registered office or	r registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE				
	FILE NOW!!! FEE IS \$150.00		- registered Agent signatul	ure required when reinstating) DATE
Afte Make Chec	er May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	0 of State		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees
10.	OFFICERS AN	D DIRECTORS	11.	
TITLE NAME	PD Hubinger, Irena	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
STREET ADDRESS CITY-ST-ZIP	7702 N. ROME AVENUE TAMPA FL 33604		NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME	·	☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP TITLE			CITY-ST-ZIP	
AME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS SITY-ST-ZIP	j.		NAME STREET ADDRESS	
ITLE		Delete	CITY-ST-ZIP	
AME TREET ADDRESS		בי הפוכונ	TITLE - NAME	☐ Change ☐ Addition
TY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TLE		☐ Delete	TITLE	
AME REET ADDRESS	•		NAME	☐ Change ☐ Addition
TY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
	_,	_		1

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: