

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90892 017 ***150.00

DOCUMENT # *P01000025012* ✓

1. Entity Name

Absolute Computers, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1005 E. Altamonte Dr.

Suite, Apt. #, etc.

5

City & State

Altamonte Springs, FL

Zip

32701

Country

Seminole

3. Mailing Address

1005 E. Altamonte Dr.

Suite, Apt. #, etc.

5

City & State

Altamonte Springs, FL

Zip

32701

Country

Seminole

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4. FEI Number

36-4428489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

STUART IDELSON

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

2602 River Ridge Dr.

City

Orlando

FL

Zip Code

32825

**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

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP

STUART IDELSON
2602 River Ridge Dr.
Orlando, FL 32825

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/

407 830 8306

CR2E034B (12/01)