FILED
Jul 15, 2002 8:00 am
Secretary of State

05-07-2002 90225 014 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000041924**

1. Entity Name

ABSOLUTE FINANCIAL, INC.

Principal Place of Business	Mailing Address
~~2700 CLARK RD.~~ ~~TAMPA FL 33618~~	~~2700 CLARK RD.~~ ~~TAMPA FL 33618~~

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
317 N. Sterling Ave	317 N. Sterling Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33609 Country: USA	Zip: 33609 Country: USA

4. FEI Number: 59-3712838 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~PEREZ, FRANK III~~	Name: Kathleen Ann Jones
~~2700 CLARK RD.~~	Street Address (P.O. Box Number is Not Acceptable): c/o Sarah Clementi, 317 N. Sterling Ave.
~~TAMPA FL 33618~~	City: Tampa FL Zip Code: 33609

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: Kathleen Ann Jones   4/29/02

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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Kathleen A. Jones / 15027 Arbor Reserve Cir. / Tpa - Fl 33624 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Sarah Clementi / 317 N. Sterling Ave / Tpa, Fl 33609 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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

SIGNATURE: Kathleen A. Jones   Kathleen Ann Jones President   4/29/02   (813) 220-7622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #