

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90306 029 ***150.00

DOCUMENT # P01000066432

1. Entity Name

ABSOLUTE SERVICES OF BRADENTON, INC.

Principal Place of Business

**1116 FRANKLIN AVE
 ELLENTON FL 34222**

Mailing Address

**1116 FRANKLIN AVE
 ELLENTON FL 34222**

2. Principal Place of Business

3. Mailing Address

1116 Franklin Ave

1116 Franklin Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ellenton FL

City & State

Ellenton FL

4. FEI Number

651120202

Applied For

Not Applicable

Zip

34222

Country

manatee

Zip

34222

Country

manatee

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

**LOYND, HERBERT P IV
 1116 FRANKLIN AVE
 ELLENTON FL 34222**

Name

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

City

FL

Zip Code

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)

**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	D	<input type="checkbox"/> Delete
NAME	LOYND, HERBERT P IV	
STREET ADDRESS	1116 FRANKLIN AVE	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOYND, DAWN M	
STREET ADDRESS	1116 FRANKLIN AVE	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'BRIEN, JASON H	
STREET ADDRESS	1010 RIVERSIDE DR	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-02 941-228-3023

CR2E034 (9/01)