

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90134 044 \*\*\*150.00

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**DOCUMENT # P02000008872**

1. Entity Name  
**ABSOLUTE STONE, INC.**



Principal Place of Business  
**13144 PARK BLVD SUITE E  
SEMINOLE FL 33776**

Mailing Address  
**13144 PARK BLVD SUITE E  
SEMINOLE FL 33776**

**90013707**



2. Principal Place of Business

3. Mailing Address

**603 S Missouri Ave**  
Suite, Apt. #, etc.

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Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Clearwater, FL**

City & State  
**Clearwater, FL**

4. FEI Number

Applied For

Not Applicable

Zip Country  
**33756 U.S.A.**

Zip Country  
**33756 USA**

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

**HANIFEN-BRABANT, CATHERINE  
10437 119TH AVENUE N  
LARGO FL 33773**

Name  
**Angela Cramer**

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

**10218 Parsons St**

City  
**Tampa**

FL

Zip Code  
**33615**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-9-03**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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**P  
Dennis P Melucci  
441 173rd Ave N  
Rodington Shores, FL 33774**

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-03**

Date

**727-441-2248**

Daytime Phone #

CR2E034 (10/02)