

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90211 042 ***150.00

DOCUMENT # P02000029112

1. Entity Name
ABSOLUTE PC, INC.



Principal Place of Business
1429 SOUTH MIAMI ROAD
UNIT 1
FORT LAUDERDALE FL 33316

Mailing Address
1429 SOUTH MIAMI ROAD
UNIT 1
FORT LAUDERDALE FL 33316



2. Principal Place of Business

3. Mailing Address

1429 MIAMI ROAD
Suite, Apt. #, etc.
UNIT 1

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE, FL

Zip 33316

Country

USA

Zip

Country

4. FEI Number

03-0412404

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 PSTD
NAME WOODBURY, ALVIN L JR
STREET ADDRESS 704 SOUTHEAST 14TH COURT
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete

TITLE PSTD
NAME WOODBURY, ALVIN L JR ☒ Change ☐ Addition
STREET ADDRESS 1429 MIAMI ROAD, UNIT 1
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: ALVIN L. WOODBURY JR 1/13/03 954-258-5319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)