2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

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FILED May 12, 2003 8:00 am Secretary of State 04-17-2003 90645 011 ***150.00

the obligations of teglishered apept. Signature Sequence Name of magnitudes depend and the Napokrabbe (NICTE Registered Apext algrenze required when heritating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Physible to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPT OLSON, JOHN T JR OLSON, JOHN T JR	1. Entity Nan ABSOLUT		GEMENT ENTER	RPRISES,	INC.						è		0.4	
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Cty & State City & State Country Country S. Certificate of Status Desired Red Applicate Red Appli	Principal Place of Business 3. Mailing Address							\dashv						
Zip Country Zip Country S. Cartificate of Status Desired S. S. 75 Additional Fee Required 8. Name and Address of Current Registered Agent AMERMAN, CARL E AMERMAN, CARL E AMERMAN, CARL E AMERMAN, CARL E Sireet Address (PO. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Jenn familiar with, and acceptable has obligations of copysteria agent. SIGNATURE Septim mark of orien area in spread oper and rise it substance. FILE NOW!!! FEE S150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ADDI	Suite, Apt. #, etc. Suite, Apt. #, etc.									☐ CHECK HERE IF N	MAKING C	HANGES		
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent AMERMAN, CARL E 1124 S CYPRESS POINT DR VENICE FL 34293 City City FL Zip Code Sinest Address (P.O. Box Number is Not Acceptable) FL Zip Code City FL Zip Code City FL Zip Code Signature Si	City & Star	te		City	City & State				4. FE	Number 4 - 208006	7	⊢		
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AMERIMAN, CARL E 1124 S CYPRESS POINT DR VENICE FL 34283 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. SIGNATURE Separate registered of State. FILE NOWITI FER IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Peyside to Florida Operational of State Of FICERS AND DIRECTORS. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME OLSON, JOHN T JR SIREET ADDRESS OUT-S1-2P TIME OLSON, JOHN T JR SACTION OFFICERS AND DIRECTORS SIREET ADDRESS OUT-S1-2P TIME OLSO			and Address of Curre	nt Register	ed Agent									
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B. 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 Segreture Prof.	,							Street Address (P.O. Box Number is Not Acceptable)						
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 arm tamiliar with, and accept the obligations of registered agent. ### 16 - 03 FILE NOW!!! FEE IS \$150.00	VENICE FL 34293													
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12. Thereby certify that the information supplied with this filling 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 certify that I am an officer or director.	NAME STREET ADORESS CITY-ST-ZIP			Table above state		NAME STREE CITY-	T ADDRESS ST-ZIP						Addition	

of the corporation of the receiver or distered 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.