

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90093 021 ***150.00

DOCUMENT # P93000025382

1. Entity Name
A & S BUSINESS SERVICES, INC.

Principal Place of Business Mailing Address
~~150 S HWY 17-92~~ ~~160 S HWY 17-92~~
~~SUITE 2~~ ~~SUITE 2~~
~~DEBARY FL 32713~~ ~~DEBARY FL 32713~~

80055230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
325 Homewood Av. **P.O. Box 530176**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number 59-3172202 Applied For
DeBary FL **DeBary FL** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☒ \$8.75 Additional
~~32713~~ ~~US~~ ~~32753-0176~~ ~~US~~ Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
ABELES, HOWARD R Name
~~150 S HWY 17-92~~ Street Address (P.O. Box Number is Not Acceptable)
~~SUITE 2~~ **325 Homewood Av.**
DEBARY FL 32713 City **DeBary** FL Zip Code **32713**

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. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2001 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	TITLE	Abeles, Howard R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELES, HOWARD R		NAME	325 Homewood Ave	
STREET ADDRESS	59 FLORIDANA RD		STREET ADDRESS	DeBary FL 32713	
CITY-ST-ZIP	DEBARY FL 32713		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Abeles, Shirley M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELES, SHIRLEY M		NAME	325 Homewood Ave	
STREET ADDRESS	59 FLORIDANA RD		STREET ADDRESS	DeBary FL 32713	
CITY-ST-ZIP	DEBARY FL 32713		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABELES, THOMAS L		NAME		
STREET ADDRESS	2537 GRAMERCY DR		STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Howard R. Abeles** **Howard R. Abeles** **4/30/01** **386-774-2458**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)