

2001 UNIFORM BUSINESS REPORT (UBR)

3/8

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-08-2001 90129 018 ***150.00

DOCUMENT # P93000068496

1. Entity Name

ABSOLUTE INTEGRATION, INC.

Principal Place of Business

% JAMES W. PLANT
 2701 N.W. 25TH WAY
 BOCA RATON FL 33434

Mailing Address

% JAMES W. PLANT
 2701 N.W. 25TH WAY
 BOCA RATON FL 33434

32393

2. Principal Place of Business

3704 BARN View Place
 Suite, Apt. #, etc.

3. Mailing Address

3704 BARN View Place
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BRYAN N.C.
 Zip 27705 Country USA

City & State

BRYAN N.C.
 Zip 27705 Country USA

4. FEI Number

65-0446992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PLANT, JAMES W
 2701 N.W. 25TH WAY
 BOCA RATON FL 33434

7. Name and Address of New Registered Agent

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, 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

TITLE D
 NAME PLANT, JAMES W
 STREET ADDRESS 2701 N.W. 25TH WAY
 CITY-ST-ZIP BOCA RATON FL 33434 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME 3704 BARN View Place
 STREET ADDRESS BRYAN, N.C. 27705 ☒ Change ☐ Addition

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

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

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

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

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

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:

James W Plant
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/01

919 3829350
 Daytime Phone #

CR2E034 (10/00)