2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State
02-09-2000 90002 003 ***150.00

DOCUMENT # P94000017209

1. Entity Name
ABSOLUTE FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
12812 DUPONT CIR. TAMPA FL 33626 US	12812 DUPONTE CIR. TAMPA FL 33626-3056 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		12812 DuPont Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Tampa, FL	
Zip	Country	Zip: 33626	Country: USA

4. FEI Number 59-3229665 ☐ Applied For ☐ Not Applicable

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
BERGMAN, ALAN 14206 CARLSON CIR STE 201 TAMPA FL 33626	Name: Blake & Company C.P.A.'s, P.A. Street Address (P.O. Box Number is Not Acceptable): 102 West Whiting Street Suite 600 City: Tampa FL Zip Code: 33602

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] CHARLES C. BLAKE, III, CPA DATE 1/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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, P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FURNISH, DAVID A		NAME		
STREET ADDRESS	5633 WELLINGTON CT.		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34685		CITY-ST-ZIP		
TITLE	D, VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GIBSON, JAMES		NAME		
STREET ADDRESS	3605 DARSTON ST		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL 34685		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (9/99)

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: [signature] JAMES GIBSON 1/14/00 813-854-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #