2002 Uniform Business Report (UBR)

SIGNATURE:

2002 Uniform Business Report (UBR)							FILED - Apr 11 2002 8:00 am				
	DOCUMENT # P95000012189						Apr 11, 2002 8:00 am Secretary of State				
ABSOLU	TE TITLE (& GUARANTY, INC					04-11-2002 900				
Principal Place of Business 10330 N. DALE MABRY HWY. #207 SUITE 207 TAMPA FL 33618 US			Mailing Address 10330 N. DALE MABRY HWY. #207 SUITE 207 TAMPA FL 33618 US								
Principal Place of Business 3. Mailing Address							T KROLINOOT IITO KALESI OKIIIS OODIIL OODIIL OODIIL OODIIL OODIIL ALIINO LIAGUI TIGAA LOIKA JAKA KOKA 				
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE				
City & State City & State						4. F	59-3294726			plied For t Applicable	
Zip		Country	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name	and Address of Current Re	egistered Agent		Name	7. 1	lame and Address of New Regi	stered Ag	ent		
MITCHELL, CHRISTINE 10330 N. DALE MABRY HWY. #207					Street Addres	ss (P.O. E	Sox Number is Not Acceptable)				
SUITE 207 TAMPA FL 33618					City		- ·,	FL	Zip Code	9	
8. The above	e named entity	submits this statement for the	ne purpose of changing its	registere	d office or regi	stered ag	ent, or both, in the State of Florida	a.	<u>i</u>		
SIGNATURE		r printed name of registered agent and	title if applicable. (NOTI	E: Registered	Agent signature requ	uired when re	instating)	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW! After May 1, 20 Make Check Payab					vill be \$550.0		10. Election Campaign Financ Trust Fund Contribution.	ing		0 May Be to Fees	
11.		OFFICERS AND DII	<u> </u>	12.			 DITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MITCHELL, 7009 SILVE TAMPA FL	CHRISTINE RMILL DR	11		T ADDRESS ST-ZIP		-		☐ Change	Addition	
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indicated of the cor	on this report poration or the	or supplemental report is tru	ue and accurate and that me ered to execute this report	ny signatu as require	ire shall have th	ne same le	19.07(3)(i), Florida Statutes. I furl ggal effect as if made under oath da Statutes; and that my name ap	that I am	an officer of	or director	