

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000014773**

1. Entity Name

ABSOLUTE TITLE SERVICES INC.**FILED**
Jul 13, 2000 8:00 am
Secretary of State

07-13-2000 90017 023 ***150.00

Principal Place of Business

3458 TAMPA ROAD
PALM HARBOR FL 34684
US

Mailing Address

3458 TAMPA ROAD
PALM HARBOR FL 34684
US

2. Principal Place of Business

ABSOLUTE TITLE SERVICES

3. Mailing Address

INC. ABSOLUTE TITLE SERVICES INC.

Suite, Apt. #, etc.

3458 Tampa Road

Suite, Apt. #, etc.

3458 Tampa Road

City & State

Palm Harbor, FL

City & State

Palm Harbor

4. FEI Number

59-3296252

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****OTTOMANELLI, ELAINE J**
221 DOLPHIN DR N
OLDSMAR FL 34677**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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **P** ☐ Delete
NAME **ELAINE J. OTTOMANELLI**
STREET ADDRESS **221 DOLPHIN DR NORTH**
CITY-ST-ZIP **OLDSMAR FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5/00 727 781 4680

P95000014773

A0067602

Absolute Title Services Inc.



3458 Tampa Road
Palm Harbor, FL 34684

(727) 781-4680
FAX (727) 781-1173

July 5, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL. 32302-1500

Re: 2000 Uniform Business Report

Enclosed herewith please find the above noted report along with my check for \$150.00 fee.

The above report was received this date and is the only report I have received not the second report.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

Elaine J. Ottomanelli
Office Manager
Enclosures

"Absolutely the Best"