2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000032245** May 05, 2000 8:00 am Secretary of State ABSOLUTE INVESTMENT CORPORATION 05-05-2000 90068 019 ***150.00 Principal Place of Business Mailing Address 6875 ULMERTON RD. 6875 ULMERTON RD. LARGO FL 33771-4945 LARGO FL 33771 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3318829 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent Name ALLEN, LEROY R Street Address (P.O. Box Number is Not Acceptable) 6875 ULMERTON RD. LARGO FL 33771 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE KCO St. Suite 141 WALSH, PATRICK J NAME NAME 6875 ULMERTON RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZIP Change Addition Delete TITI F SERRABELLA, JAMES A 6875 ULMERTON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Delete ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete . ☐ Change TITLE TITLE ... 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 a 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 w with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR