## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P96000004828** Jan 26, 2000 8:00 am 1. Entity Name **Secretary of State** ABS SUPPORT SERVICES, INC. 01-26-2000 90026 029 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 151435 8419 CAMDEN ST., SUITE B TAMPA FL 33614 TAMPA FL 33684-1435 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State FEI Number 59-3370288 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAREAU. ANITA M. Street Address (P.O. Box Number is Not Acceptable) 215 ST. THOMAS CIR. N APOLLO BEACH FL 33572 Zin Code City 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 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PTDC TITLE Change ☐ Delete TITLE NAME LAREAU, ANITA M. NAME STREET ADDRESS STREET ADDRESS 215 ST. THOMAS CIR. N CITY-ST-ZIP CITY-ST-7IP APOLLO BEACH FL 33572 ☐ Chande ☐ Addition TITLE ☐ Delete MCCOY, DEBORAH A. NAME NAME STREET ADDRESS STREET ADDRESS 5212 CAREY ROAD CITY-ST-ZIP CITY-ST-ZIP TAAMPA FL 33624 ☐ Addition Change ☐ Delete TITLE TITLE MCCOY-JAMES-R. NAME NAME STREET ADDRESS STREET ADDRESS 5212 CAREY ROAD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 Addition Change TITLE ☐ Delete TITLE MGUGRRA-BURKHARA NANCY 4535 W. HEVRY St. NANC NAME 4535 W. HEVRY STREET ADDRESS STREET ADDRESS FIA 33614 CITY-ST-ZIP CITY-ST-ZIP TAMPA, FI<u>. 33614</u> TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Detete NAME **TMAME** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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

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Date

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