

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010209

1. Entity Name

ABSOLUTE COMMUNICATIONS EQUIPMENT AND SUPPORT, I

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90099 031 \*\*\*150.00

Principal Place of Business 950 N FEDERAL HWY SUITE 106 POMPANO BCH FL 33062 US	Mailing Address 950 N FEDERAL HWY 106 POMPANO BCH FL 33334-3111 US
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2. Principal Place of Business <b>515 NE 42nd St.</b>	3. Mailing Address <b>515 NE 42nd St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>Ft. Lauderdale, FL</b>	City & State <b>Ft. Lauderdale, FL</b>
Zip <b>33334</b>	Country <b>Broward</b>
Zip <b>33334</b>	Country <b>Broward</b>

4. FEI Number <b>65-0635713</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**LUCEY, KEITH**  
**528 ANTIOCH AVENUE**  
**FORT LAUDERDALE FL**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**604 SW 14th St. (Residence)**

City **Ft. Lauderdale** **FL** Zip Code **33315**

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 \_\_\_\_\_ (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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTA LUCEY, KEITH 950 N. FEDERAL HWY. #106 POMPANO BCH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD REYES, ROY 6351 SOUTHGATE BLVD. MARGATE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Katherine Hilton 604 SW 14th St. Ft. Lauderdale, FL 33315	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTA Keith Lucey 515 NE 42nd St. Ft. Lauderdale, FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X** **KEITH LUCEY** **Feb. 17, 2000** **954 630-9901**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)