

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90127 025 ***150.00

DOCUMENT # **P96000010209**
1. Entity Name
**Absolute Communications
Equipment & Support, Inc.**Principal Place of Business
**515 NE 42nd St.
Ft. Lauderdale, FL
33334**
Mailing Address
**515 NE 42nd St.
Ft. Lauderdale, FL
33334**Principal Place of Business
515 NE 42nd St.
Suite, Apt. #, etc.
3. Mailing Address
515 NE 42nd St.
Suite, Apt. #, etc.City & State
Ft. Lauderdale, FL
City & State
Ft. LauderdaleZip
33334
Country
Broward
Zip
33334
Country
Broward4. FEI Number
65-0635713
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**LUCEY, KEITH
1200 NE 3rd St.
Ft. Lauderdale, FL 33301**
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code
33301

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's signature required when translating) DATE _____9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back) 10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTA LUCEY, KEITH 1200 NE 3rd St. Ft. Lauderdale, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Katherine Hilton 1200 NE 3rd St. Ft. Lauderdale, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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** *K. Lucey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH LUCEY**April 13, 2001 954 630-9901**

Date

Daytime Phone #