## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000012439 1. Entity Name ABSOLUTE F & D, INC.



01-27-2003 90323 009 \*\*\*150.00

ABSOLUTE F & D, INC.										
Principal Place of Business 611 WEST AZEELE STREET TAMPA FL 33606  Mailing Address 611 WEST AZEELE STREET TAMPA FL 33606  TAMPA FL 33606			,							
2. Principal Place of Business 6971 08th Ave N  Suite, Apt. #, etc.  3. Mailing Address 6971-108th Suite, Apt. #, etc.			no Av	ie Nord		CHECK HERE IF MAKING CHANGES				
City & State				<u> </u>	4. FEI Number 59-3437251 Applied For					
		Zin	<sup>y</sup> u SA	Ť.			Not Applicable  \$8.75 Additional			
<sup>Zip</sup> 33	6 Name and Address of Current	33777	<u>.                                    </u>	WSA				Fee Require		
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name FO 2011 C 2 10 0 1 1 10					
SMITH, H STRATTON III				Street Address (P.O. Box Number is Not Assentable)						
611 WEST AZEELE STREET				Street Address (P.O. Box Number is Not Acceptable) 6971 108th Avenue North						
tampa fl	33606									
				City L	LARGO			Zip Coo	3177	
8. The above	named entity submits this statement for	or the purpose of changing its	registered	d office or reg	istered agent, or bo	oth, in the State of	of Florida. I am f			
"the obligat	ions of registered agent.	1-11					ماد	23-0	٦	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent signature rec	quired when reinstating)		DATE		<del>_</del> [	
	ILE NOW!!! FEE IS \$150.00				·					
	May 1, 2003 Fee will be \$550.00				<b>I</b>	lection Campaig rust Fund Contrib	~ -		DO May Be d to Fees	
Make Check	k Payable to Florida Department o	f State			( "	ust i unu comin	Julion.	ı Adde	u lo rees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO	OFFICERS AND			
	P/D CIDOLLA EDANIK	☐ Delete	TITLE					<b>⊡</b> €ffange	☐ Addition {	
	CIPOLLA, FRANK 611 West Azeele Street		NAME STREET	T ADDRESS	69711	osth Au	enue 1	101HU	~	
CITY-ST-ZIP	TAMPA FL 33606		CITY-S		LARGO					
TITLE	STD	☐ Delete	TITLE					Change	☐ Addition	
	CIPOLLA, DIANE		NAME		0971 10			Rth	(	
CITY-ST-ZIP	611 West Azeele Street Tampa fl 33606		STREET CITY-S	T ADDRESS ST-ZIP	ARGO	FL 33	777			
	VP .	☐ Delete	TITLE					Change	Addition	
NAME	PATTERN, JANEEN.		. NAME	-(	0971-1	ogtn Av	emen	orth		
CITY-ST-ZIP	611 W AZEELE STREET FAMPA FL 33606		CITY-S	T ADDRESS ST-ZIP	6971 1 LARGO,	PL 33	777			
TITLE		□ Delete	TITLE					☐ Change	Addition	
NAME			NAME					_ ,	_	
STREET ADDRESS				ADDRESS					Ì	
CITY-ST-ZIP			CITY-S	01-217	<del></del>					
TITLE NAME		☐ Delete	TITLE	}				Change	☐ Addition	
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			CITY-S	T-ZIP	<u></u>					
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS			NAME	ADDRESS						
CITY-ST-ZIP	<u></u>		CITY-S				-			

12. Thereby 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 10 or Block 11 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

01-23-03

727-546-4285

Daytime Phone #

(R2E034 (10/02)