

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000077278

1. Entity Name

A + AUTOMATED BUSINESS SERVICES, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90028 019 ***150.00

Principal Place of Business

Mailing Address

4315 AUTUMN LEAVES DRIVE
TAMPA FL 33624

4315 AUTUMN LEAVES DRIVE
TAMPA FL 33624-1109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3466474

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

TINA M. Hammond

Street Address (P.O. Box Number is Not Acceptable)

4315 AUTUMN LEAVES DR

City

Tampa

FL

Zip Code

33624

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

Tina M. Hammond, President

4-9-2000

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
HAMMOND, TINA M
4315 AUTUMN LEAVES DRIVE
TAMPA FL 33624

☐ Delete

TITLE
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STREET ADDRESS
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☐ 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:

Tina M. Hammond, President

Date

Daytime Phone #

823-4000

CR2E034 (9/99)