

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90198 048 ***150.00

DOCUMENT # P98000058028

1. Entity Name
ABSOLUTE COMPUTER SERVICES, INC.



Principal Place of Business
14661 NORTH BECKLEY SQUARE
DAVIE FL 33325-8

Mailing Address
14661 NORTH BECKLEY SQUARE
DAVIE FL 33325-8



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0848075**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LERNER, MARVIN
14661 NORTH BECKLEY SQUARE
DAVIE FL 33325-8

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
LERNER, MARVIN
14661 NORTH BECKLEY SQUARE
DAVIE FL 33325-8

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ABSOLUTE COMPUTER SERVICES, INC.

8/2/02

954-629-3251

CR2E034 (4/02)

Attachment
Doc. # 973352
98000058028

Untitled

ABSOLUTE COMPUTER SERVICES
14661 N BECKLEY SQ
DAVIE, FL 33325

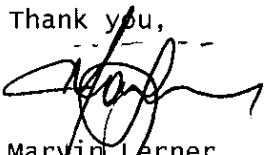
Dept of State
PO Box 1500
Tallahassee, FL 32302

August 1, 2002

Dear Sirs;

Even though the filing of this report is late,
we are enclosing the amount of \$150.00 because the corporation did not
receive the prior notice.

Thank you,


Marvin Lerner
President
Absolute Computer Services