

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90143 046 ***150.00

DOCUMENT # P98000069375

1. Entity Name
AFFORDABLE BUSINESS SERVICES INC.



Principal Place of Business
**5740 ROCK ISLAND RD. STE 272
TAMARAC FL 33319**

Mailing Address
**5740 ROCK ISLAND RD. STE 272
TAMARAC FL 33319**

2. Principal Place of Business
8105 NW 58TH PLACE

3. Mailing Address
8105 NW 58TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMARAC FL

City & State
TAMARAC FL

4. FEI Number
65-0859007

Applied For
Not Applicable

Zip
33321

Country

Zip
33321

Country

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

**DONOVAN, CHARLES J
5740 ROCK ISLAND RD, STE 272
TAMARAC FL 33319**

Name

Street Address (P.O. Box Number Not Acceptable)
8105 NW 58TH PLACE

City
TAMARAC

FL

Zip Code
33321

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DONOVAN, CHARLES J 5740 ROCK ISLAND RD, STE 272 TAMARAC FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOVAN, CHARLES J 5740 ROCK ISLAND RD, STE 272 TAMARAC FL 33319	<input type="checkbox"/> Delete
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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	8105 NW 58TH PLACE TAMARAC FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8105 NW 58TH PLACE TAMARAC FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles J. Donovan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/5/03** Daytime Phone #: **(954) 720-8750**



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)