## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 31, 2000 8:00 am DOCUMENT # **P99000050605 Secretary of State** A2Z TECHNICAL SERVICES, INC. 03-31-2000 90036 034 \*\*\*150.00 Principal Place of Business Mailing Address 3265 TANGLEWOOD TRAIL 3265 TANGLEWOOD TRAIL PALM HARBOR FL 34685 PALM HARBOR FL 34685-1836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7., Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ABBRUZZESE, LISA Street Address (P.O. Box Number is Not Acceptable) 3265 TANGLEWOOD TRAIL PALM HARBOR FL 34685 Zip Code FL 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSTD** ☐ Change ☐ Addition ☐ Delete TITLE ABBRUZZESE, LISA NAME NAME STREET ADDRESS 3265 TANGLEWOOD TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34685 Change ☐ Delete TITLE Addition TITLE ABBRUZZESE, DOMINICK P NAME NAME 3265 TANGLEWOOD TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM HARBOR FL 34685 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS

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 trusteg empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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