

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000050605**1. Entity Name
A2Z TECHNICAL SERVICES, INC.

Principal Place of Business 3265 TANGLEWOOD TRAIL PALM HARBOR FL 34685	Mailing Address 3265 TANGLEWOOD TRAIL PALM HARBOR FL 34685
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2. Principal Place of Business 4779 RIDGEMOOR CIRCLE	3. Mailing Address 4779 RIDGEMOOR CIRCLE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PALM HARBOR FL	City & State PALM HARBOR FL
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Zip 34685	Country	Zip 34685	Country
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4. FEI Number 59-3580193	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentABBRUZZESE LISA
3265 TANGLEWOOD TRAIL

PALM HARBOR FL 34685**7. Name and Address of New Registered Agent**Name
ABBRUZZESE LISA
Street Address (P.O. Box Number is Not Acceptable)
4779 RIDGEMOOR CIRCLE

City
PALM HARBOR FL Zip Code
34685

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 _____ **03/12/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABBRUZZESE DOMINICK P 3265 TANGLEWOOD TRAIL PALM HARBOR FL 34685 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ABBRUZZESE LISA 3265 TANGLEWOOD TRAIL PALM HARBOR FL 34685 <input type="checkbox"/> Delete
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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABBRUZZESE DOMINICK P 4779 RIDGEMOOR CIRCLE PALM HARBOR FL 34685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ABBRUZZESE LISA 4779 RIDGEMOOR CIRCLE PALM HARBOR FL 34685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: LISA ABBRUZZESE**PRES 03/12/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)