

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 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 4779 RIDGEMOOR CIRCLE | 3. Mailing Address 4779 RIDGEMOOR CIRCLE |
|---|---|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------------------------|--------------------------------|
| City & State PALM HARBOR FL | City & State PALM HARBOR FL |
|--------------------------------|--------------------------------|

| | | | |
|--------------|---------|--------------|---------|
| Zip 34685 | Country | Zip 34685 | Country |
|--------------|---------|--------------|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-3580193 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ABBRUZZESE 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 _____ DATE **03/12/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 | | | |
|----------------------------|-----------------------|---------------------------------|--|
| TITLE | VD | <input type="checkbox"/> Delete | |
| NAME | ABBRUZZESE DOMINICK P | | |
| STREET ADDRESS | 3265 TANGLEWOOD TRAIL | | |
| CITY-ST-ZIP | PALM HARBOR FL 34685 | | |
| TITLE | PSTD | <input type="checkbox"/> Delete | |
| NAME | ABBRUZZESE LISA | | |
| STREET ADDRESS | 3265 TANGLEWOOD TRAIL | | |
| CITY-ST-ZIP | PALM HARBOR FL 34685 | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|---|-----------------------|--|--|
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ABBRUZZESE DOMINICK P | | |
| STREET ADDRESS | 4779 RIDGEMOOR CIRCLE | | |
| CITY-ST-ZIP | PALM HARBOR FL 34685 | | |
| TITLE | PSTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ABBRUZZESE LISA | | |
| STREET ADDRESS | 4779 RIDGEMOOR CIRCLE | | |
| CITY-ST-ZIP | PALM HARBOR FL 34685 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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)