

# 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 <b>59-3580193</b>	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)