

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90093 023 ***150.00

DOCUMENT # **799000061297**

1. Entity Name

Absolute Support, Inc. ✓

DO NOT WRITE IN THIS SPACE

B0133076

2. Principal Place of Business

16320 SW 26 St.

Suite, Apt. #, etc.

3. Mailing Address

15841 Pines Blvd.

Suite, Apt. #, etc.

321

DO NOT WRITE IN THIS SPACE

City & State

MIRAMAR, FL

City & State

Pembroke Pines, FL

4. FEI Number

05-0932874

Applied For

Not Applicable

Zip

33027

Country

USA

Zip

33027

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Spiegel & Utrera, PA

Street Address (P.O. Box Number is Not Acceptable)

343 Almeria Ave.

City

Coral Gables

FL

Zip Code

33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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 **President**
NAME **Pollara, B. Wayne**
STREET ADDRESS **16320 SW 26 St. Miramar**
CITY-ST-ZIP **FL 33027**

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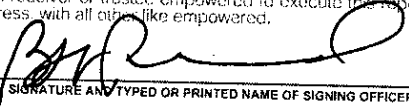
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
0#P990006297
B0133016

Absolute Support, Inc.

15841 Pines Blvd. #321
Pembroke Pines, FL 33027
Office: 954-433-7240
Fax: 954-433-7242

July 15, 2002

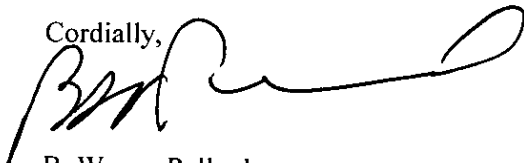
Uniform Business Report
Division of Corporations
PO Box 1500 -
Tallahassee, FL 32302-1500

To Whom It May Concern:

I'm sending in the fee for this year. I did not receive my update automatically like I usually do. I spoke with one of your representatives and he told me to send in the \$150.00 fee. I explained that I didn't receive the report from your office and asked how I could prevent this from happening in the future. He told me to "start calling around Valentine's Day if I haven't received the automatic report from us." I will do so.

Thank you for your time.

Cordially,



B. Wayne Pollard
Absolute Support, Inc.