

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080090

1. Entity Name

ABSOLUTE VIDEO II, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90041 047 \*\*\*150.00

Principal Place of Business

328 W WILDER AVE  
TAMPA FL 33603

Mailing Address

328 W WILDER AVE  
TAMPA FL 33603-1951

2. Principal Place of Business

2780 EAST FOWLER AVE  
Suite, Apt. #, etc.  
# 164

3. Mailing Address

2780 EAST FOWLER AVE.  
Suite, Apt. #, etc.  
Suite 164

City & State

Tampa FLA

City & State

Tampa FLA

4. FEI Number

59-3600117

Applied For

Not Applicable

Zip

33612

Country

Hillsborough

Zip

33612

Country

Hillsborough

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DILLARD, RICHARD  
801 83 AVE NORTH APT 112  
ST PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name

SAME

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

City

FL

Zip Code

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)

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	HARNISH, JAMES R	
STREET ADDRESS	2490 E VINA DEL MAR BLVD	
CITY-ST-ZIP	ST PETERSBURG FL 33706	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAUDT, DOUGLAS V	
STREET ADDRESS	328 W WILDER AVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DAUDT, MARGARITA M	
STREET ADDRESS	328 W WILDER AVE	
CITY-ST-ZIP	TAMPA FL 33603	
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	<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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-00 277-363-4640

CR2E034 (9/99)