2000 UNIFORM BUSINESS REPORT (UBR)

4/.

DOCUMENT # P99000095696

1. Entity Name

ABSOLUTE STORAGE PRODUCTS, INC.

Principal Place of Business	Mailing Address
800 W. LANDSTREET RD. ORLANDO FL 32824	800 W. LANDSTREET RD. ORLANDO FL 32824-8023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number — ☑ Applied For / ☐ Not Applicable
Zip | Country	Zip | Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEKLEM, JOHN A 15 S. MAGNOLIA AVE. ORLANDO FL 32801	Name 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) ☐ | **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   /   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/99)

TITLE	D		TITLE	*P O*	☑ Change	☑ Addition
NAME	REECE, BRIAN C	☐ Delete	NAME			
STREET ADDRESS	800 W. LANDSTREET RD.		STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32824		CITY-ST-ZIP			

TITLE		☐ Delete	TITLE	*VP O*	☐ Change	☑ Addition
NAME			NAME	*Mary Reece*		
STREET ADDRESS			STREET ADDRESS	*800 W. Landstreet Rd.*		
CITY-ST-ZIP			CITY-ST-ZIP	*Orlando Fla 32821*		

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: _____   4-18-00   407-855-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #