

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90008 043 ***158.75

0358711

DOCUMENT # V09398

1. Entity Name

ABSOLUTE SERVICES INC.

Principal Place of Business

1656 YOUNG AVENUE
 CLEARWATER FL 34616

Mailing Address

1656 YOUNG AVENUE
 CLEARWATER FL 34616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3105136**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, MICHAEL A.
1656 YOUNG AVENUE
CLEARWATER FL 34616

7. Name and Address of New Registered Agent

Name **JOHNSON, MICHAEL A.**
 Street Address (P.O. Box Number is Not Acceptable)
861 PEARL PT DRIVE SOUTH
 City **ST. PETERSBURG** FL Zip Code **33705**

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 *Michael Johnson* **MICHAEL JOHNSON OWNER**

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

(NOT: Registered Agent's signature required when reinstating)

05/22/01

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, 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 **D** ☐ Delete
 NAME **JOHNSON, MICHAEL A.**
 STREET ADDRESS **1656 YOUNG AVENUE**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ASSISTANT VICE PRESIDENT** ☐ Change ☒ Addition
 NAME **JOHN REICHER**
 STREET ADDRESS **7175 53rd St N.**
 CITY-ST-ZIP **ST. PETERSBURG, FLA. 33781**

TITLE **ASSISTANT TO TREASURER** ☐ Change ☒ Addition
 NAME **JEREMY CLARK**
 STREET ADDRESS **3620 1/2 28th St N.**
 CITY-ST-ZIP **ST. PETERSBURG, FLA 33713**

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

TITLE ☐ Change ☐ Addition
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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

Michael Johnson **Michael Johnson**

05/22/01 **(727) 866-6887**

Date

Daytime Phone #

CR2E034 (10/00)