

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V56403

1. Entity Name

ABSOLUTE CONTROLS, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90003 014 \*\*\*150.00

Principal Place of Business

Mailing Address

285-A NORTH DRIVE  
MELBOURNE FL 32434

285-A NORTH DRIVE  
MELBOURNE FL 32934-9260

2. Principal Place of Business

8211 W. BROWARD BLVD

3. Mailing Address

8211 W. BROWARD BLVD

Suite, Apt. #, etc.

STE 375

Suite, Apt. #, etc.

STE 375

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number

59-3141124

Applied For

Not Applicable

Zip

33324

Country

Zip

33324

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

PITTMAN, ROBERT

285-A N DR

MELBOURNE FL 32934

Name

TODD W KLISTON

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

8211 W. BROWARD BLVD

STE 375

City

PLANTATION

FL

Zip Code

33324

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

4/20/00

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

TITLE PTD  
NAME PITTMAN, ROBERT  
STREET ADDRESS 285-A NORTH DRIVE  
CITY-ST-ZIP MELBOURNE FL 32434 ☒ Delete

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

TITLE CSD  
NAME LAVER, ART  
STREET ADDRESS 273 SHORE ACRES RD  
CITY-ST-ZIP BURLINGTON ON L7L 2 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ART LAVER

4/20/00

Date

954-473-4900

Daytime Phone #

CR2E034 (9/99)