

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90065 031 \*\*\*150.00

**DOCUMENT # P95000034165**

1. Entity Name

**ABLE JETS, INC.**

Principal Place of Business

Mailing Address

**3050 AIRMANS DR  
 FORT PIERCE FL 34946  
 US**

**PO BOX 3689  
 FORT PIERCE FL 34948-3689**

00005320



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 **65-0595432**

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

**BURDSALL, GARY  
 420 SOPWITH DRIVE  
 VERO BEACH FL 32968**

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 *GARY L. BURDSALL*

*[Signature]* 01-12-00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BURDSALL, GARY L	
STREET ADDRESS	P.O. BOX 3689 N/A	
CITY-ST-ZIP	FORT PIERCE FL 34948	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	PRICE, ERIC	
STREET ADDRESS	8004 WINTER GARDEN PKWY	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	AVPS	<input type="checkbox"/> Delete
NAME	HOEHN, JAMES K	
STREET ADDRESS	6961 NW HARTNEY WAY	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *GARY L. BURDSALL* PRESIDENT 01-12-00 (561) 465-0893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (9/00)