

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90104 026 \*\*\*150.00

629475



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P97000041869**

1. Entity Name  
**ABLE TELECOMMUNICATIONS & POWER, INC.**

Principal Place of Business 1267 OLD NORCROSS ROAD LAWRENCEVILLE GA 30245	Mailing Address 1601 FORUM PL. STE 1110 WEST PALM BEACH FL 33401-8104 US
2. Principal Place of Business 1200 Landmark Center Suite, Apt. #, etc. Suite 1300 City & State Omaha, Nebraska Zip 68102 Country USA	3. Mailing Address 1200 Landmark Center Suite, Apt. #, etc. Suite 1300 City & State Omaha, Nebraska Zip 68102 Country USA

4. FEI Number 65-0750030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**POLLOCK, EDWARD**  
**1601 FORUM PLACE**  
**SUITE 1110**  
**WEST PALM BEACH FL 33410**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

TITLE C	NAME HALL, GERRY W.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1601 FORUM PLACE, SUITE 1110	CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE VP	NAME KOBBS, MARTY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1601 FORUM PLACE, SUITE 1110	CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE P	NAME RAY, BILLY V.	<input type="checkbox"/> Delete
STREET ADDRESS 1601 FORUM PLACE, SUITE 1110	CITY-ST-ZIP WEST PALM BEACH FL 33401	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Treasurer	NAME Thomas Guida	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1601 Forum Place, Suite 1110	CITY-ST-ZIP West Palm Beach, FL 33401	
TITLE Secretary	NAME Elizabeth Terreno	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1601 Forum Place, Suite 1110	CITY-ST-ZIP West Palm Beach, FL 33401	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Billy V. Ray, Jr. Date: 3/20/00 Daytime Phone #: 770-993-1570

CR2E034 (9/99)