

DOCUMENT # P97000041869

1. Entity Name  
ABLE TELECOMMUNICATIONS & POWER, INC.

FILED

01 JUL 23 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1300 LANDMARK CENTER  
SUITE 1300  
OMAHA NE 68102

Mailing Address  
1300 LANDMARK CENTER  
SUITE 1300  
OMAHA NE 68102

2. Principal Place of Business  
400 MC CORMACK STREET  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 490700  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
LEESBURG, FLORIDA

City & State  
LEESBURG, FLORIDA

4. FEI Number  
65-0750030

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
POLLOCK, EDWARD  
1601 FORUM PLACE  
SUITE 1110  
WEST PALM BEACH, FLORIDA 33410

7. Name and Address of New Registered Agent  
Name RICK STEPHENS  
Street Address (P.O. Box Number is Not Acceptable)  
92 LAKE WIRE  
City LAKELAND FL Zip Code 33815

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]*

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

(NOTE: Registered Agent signature required when reinstating)

7/20/01  
Date

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

18. 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 NAME STREET ADDRESS CITY-ST-ZIP	P RAY, BILLY V 1601 FORUM PLACE, SUITE 1110 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/D MC NEILL, LANCE 2000 EAST EDGEWOOD DRIVE, SUITE 106B LAKELAND, FLORIDA 33803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUIDA, THOMAS 1601 FORUM PLACE, SUITE 1110 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RABURN, JOHN T. 400 MC CORMACK STREET LEESBURG, FLORIDA 34749 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TERRERO, ELIZABETH 1601 FORUM PLACE, SUITE 1110 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'KEEFFE, MIKE 2000 EAST EDGEWOOD DRIVE, SUITE 106B LAKELAND, FLORIDA 33803 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUIDA, THOMAS 400 MC CORMACK STREET LEESBURG, FLORIDA 34749 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300004512319--8 -08/02/01--01011--006 ****558.75 ****558.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 registrar or trustee empowered to execute this report as required by Chapter 807, 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 fees empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-01  
Date

352  
787-6732  
Daytime Phone #

Thomas Guida, Secy.

CR2004 (1/00)