2001 UNFORM BUSINESS REPORT (UBR)							
DOCUMENT # P97000091870							
1. Entity Name Able Industrial Haintenance, Inc.							
Note that the same of					FILED		
Principal Place of Business Mailing Address					02 MAR 27 PM 12: 26		
2245 Leaside Court 2245 Leas			side	Court			
	H Island, FL	Merritt Island, FL 32952			SECRETARY OF STATE TALLAHASSEE, FLORE		
2. Principal Place of Business 2 3. Mailing Address				32952			
224	5 Leaside Court	_			A ?		
Suite, Apt		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE ()	_	
City & Sta Merr		City & State			4. FEI Number Applied For Not	-	
Zip 3295	Country U.S.	Zip	Coun	try	5. Certificate of Status Desired See Required Fee Required		
	6. Name and Address of Current R	egistered Agent		Name	7. Name and Address of New Registered Agent		
MATTHEW-TBURKE CPA					(P.O. Box Number is Not Acceptable)		
503 N. Orlando Avenue, Suite 106 Cocoa Beach, FL 32931				Street Address (r	(F.O. Box Number is Not Acceptable)	_	
	Cocoa beach, i.e. o.	2551		City	₽ Zip Code	_	
					ΓL `	_	
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 prifited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	oration is eligible to satisfy its Intangible	FILE NOW!			10. Election Campaign Financing \$5.00 May B		
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 200 Make Check Payab			Trust Fund Contribution Added to Fees	•	
11. TITLE	OFFICERS AND D	IRECTORS Delete	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Ai	
NAME	Warren, Clinton E 2045 Leaside Court		NAME			tion	
STREET ADDRESS CITY-ST-ZIP	1 4 34 1 0		u	ET ADDRESS -ST-ZIP	7000052589176 -04/12/0201115006		
TITLE NAME	.v'o	☐ Delete	TITLE		*****150.00	den (
STREET ADDRESS	warren, Kathleen 2245 Leaside Court		STREE	ET ADDRESS			
CITY-ST-ZIP TITLE	Merritt Island, FL	32952 ☐ Delete	TITLE	ST-ZIP	Change	tion	
.NAME STREET ADDRESS			NAME	ET ADDRESS			
CITY-ST-ZIP			H	ST-ZIP	ya		
TITLE NAME		☐ Delete	TITLE NAME		Change Addit	ion	
STREET ADDRESS CITY-ST-ZIP			II.	T ADDRESS ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addit	ion	
NAME STREET ADDRESS			NAME	T ADDRESS			
CITY-ST-ZIP		Пол	╬	ST-ZIP		_	
name	-	☐ Delete	NAME		☐ Change ☐ Addit	on	
STREET ADDRESS CITY-ST-ZIP	,		Ш	T ADDRESS ST-ZIP			
indicated	on this report or supplemental report is tr	ue and accurate and that m	v signati	ire shall have the sa	ction 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or directo	.	
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: Mathibus Julianum Date Daytime Phone # Daytime Phone							

Daytime Phone #