

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000080744

1. Entity Name

ABLE SCAPE, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90006 011 \*\*\*150.00

Principal Place of Business

Mailing Address

6201 LEE ANN LANE  
 NAPLES FL 34109

6201 LEE ANN LANE  
 NAPLES FL 34109-6236

2. Principal Place of Business

3. Mailing Address

1695 Commercial Dr

1695 Commercial Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

65-0866578

Applied For

Not Applicable

Zip  
 34112

Country

Zip  
 34112

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

~~WOOD, DOUGLAS A~~  
~~SIESKY, PILON & WOOD~~  
~~1000 N. TAMiami TRAIL, STE. 201~~  
~~NAPLES FL 34102~~

Name

John C. Cona

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

1695 COMMERCIAL DRIVE

City

NAPLES

FL

Zip Code

34112

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

*John C. Cona* John C. Cona

1/5/00

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.

**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	D	<input checked="" type="checkbox"/> Delete
NAME	<del>WHALEN, MIKE</del>	
STREET ADDRESS	<del>4792 HOLIDAY LANE</del>	
CITY-ST-ZIP	<del>NAPLES FL 34104</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPAHLINGER, WAYNE	
STREET ADDRESS	293 MENTOR AVE	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John C. Cona	
STREET ADDRESS	2342 QUEENS WAY	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*John C. Cona* Vice President

1/5/00

941-775-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99