

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 267901

1. Entity Name

ABLE PROPERTIES INC

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90110 004 ***150.00

00035097



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5419 FLORAL BLUFF ROAD
P.O. BOX 8563
JACKSONVILLE FL 32239

5419 FLORAL BLUFF ROAD
P.O. BOX 8563
JACKSONVILLE FLA 32239-0563

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1032682

Applied For

Not Applicable

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

SCHMIDT, WILLIAM C., JR.
5419 FLORAL BLUFF RD.
JACKSONVILLE FL 32211

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

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
NAME SCHMIDT, WILLIAM C. JR.
STREET ADDRESS 5419 FLORAL BLUFF ROAD
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME JUDGE, QUENTIN H.
STREET ADDRESS 2083 OAKMONT DR.
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Quentin H. Judge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TD

3- -2000

Date

1-904-725-6087

Daytime Phone #

CR2E034 (9/99)