FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT #341360

1. Entity Name

ABLE SANITATION, INC.

FILED

02 JUN 20 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

200006056652--6
-06/27/02--01010--002
*****70.00 *****70.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7451 NW 63 ST	7451 NW 63 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number: 59-1231631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation **FL** Zip Code: 33324

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Terrence McNabb
STREET ADDRESS	31 Middlesex Road
CITY-ST-ZIP	Mansfield, MA 02048
TITLE	Clerk & Treasurer
NAME	Ronald Parlengas
STREET ADDRESS	18 Red Gap Road
CITY-ST-ZIP	Wilbraham, MA 01095
TITLE	Assistant Clerk
NAME	Lynnda Crabtree
STREET ADDRESS	1 Overland Street
CITY-ST-ZIP	Fitchburg, MA 01420
TITLE	Director
NAME	Scott Lemay
STREET ADDRESS	535 South Street
CITY-ST-ZIP	Fitchburg, MA 01420
TITLE	Vice President
NAME	Michael Holm
STREET ADDRESS	6740 Gum Granch Road
CITY-ST-ZIP	Richland, NC 28574
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald Parlengas 6/19/02 508 594-2562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)