

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90144 001 ***900.00

DOCUMENT # 341360

1. Entity Name
ABLE SANITATION, INC.



Principal Place of Business
**7451 NW 63RD ST.
MIAMI, FL 33166-3603 US**

Mailing Address
**7451 NW 63RD ST.
MIAMI, FL 33166-3603 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-1231631

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MCNABB, TERRENCE
31 MIDDLESEX RD
MANSFIELD, MA 02048** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT & CEO
TERRENCE MCNABB
200 FRIBERG PARKWAY, STE 4000
WILMINGTON, MA 01891** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CT
PARLENGAS, RONALD
18 RED GAP ROAD
WILBRAHAM, MA 01095** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER & SECRETARY
RONALD PARLENGAS
18 RED GAP ROAD
WILBRAHAM, MA 01095** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HITCHNER, DOUGLAS
56B FOREST DRIVE
SPRINGFIELD, NJ 07081** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP & CFO
TERRY BELLORA
85 EAST INDIA WAY
BOSTON, MA 02110** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEMAY, SCOTT
535 SOUTH STREET
FITCHBURG, MA 01420** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASST. SECRETARY
JOSEPH BALDUCCI
51 LONGWOOD DRIVE
LUNENBURG, MA 01462** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
HOLM, MICHAEL
6740 GUM GRANCH ROAD
RICHLAND, NC 28574** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
MUZZI MARZA
280 PARK AVE, 38th FLOOR
New York, NY 10017** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KWAIT, BRIAN
75 ROCK MAPLE ROAD
GREENWICH, CT 06830** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald Parlangas* **RONALD PARLENGAS**

3-3-05

508-594-2558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #