

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **357366**

1. Entity Name
ABLE PRODUCTS COMPANY

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90005 015 ***150.00

Principal Place of Business

**1876 EVERLEE RD.
JACKSONVILLE FL 32216
US**

Mailing Address

**POST OFFICE BOX 16981
JACKSONVILLE FL 32245
US**

2. Principal Place of Business

1872 Everlee Rd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32216

Country

US

Zip

Country

4. FEI Number

59-1290504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, JOSEPH C
11876 ASHBROOK CIRCLE N
JACKSONVILLE FL 3225**

7. Name and Address of New Registered Agent

Name

Joseph C. Robinson

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

5477 Sanders Rd.

City

Jacksonville

FL

Zip Code

32277

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 re-instating)

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, 2001 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

TITLE **PD** ☐ Delete
NAME **ROBINSON, JOSEPH C**
STREET ADDRESS **5477 SANDERS RD**
CITY-STATE-ZIP **JACKSONVILLE FL 32277**

TITLE **V** ☐ Delete
NAME **STRANGE, VIRGIL J.**
STREET ADDRESS **716 DAVID ST**
CITY-STATE-ZIP **ATLANTIC BEACH FL 32250**

TITLE **ST** ☐ Delete
NAME **ROBINSON, SHEILA E.**
STREET ADDRESS **5477 SANDERS RD**
CITY-STATE-ZIP **JACKSONVILLE FL 32277**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-STATE-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:

Virgil J. Strange

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2001

Date

904/724-8888

Daytime Phone #

CR2E034 (10/00)