

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 851284

1. Entity Name

ABLEST SERVICE CORP.

Principal Place of Business

Mailing Address

45 ANDERSON RD.
BUFFALO NY 14225
US

45 ANDERSON RD.
BUFFALO NY 14225-4905
US

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

22-2228945

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 ☐ Delete
NAME FOSTER, W D
STREET ADDRESS 3045 BRAELOCH CIRCLE E
CITY-ST-ZIP CLEARWATER FL

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

TITLE S ☒ Delete
NAME SNITZER, ISADORE
STREET ADDRESS 163 PURITAN RD.
CITY-ST-ZIP TONAWANOA NY

TITLE Asst. Secretary ☐ Change ☒ Add
NAME Bill Appleton
STREET ADDRESS 312 Walnut St Suite 3050
CITY-ST-ZIP Cincinnati, OH 45202

TITLE D ☐ Delete
NAME HEIST, C.H. I
STREET ADDRESS 2241 ALLIGATOR CREEK RD.
CITY-ST-ZIP CLEARWATER FL

TITLE Chairman of the Board, C.E.O., ☒ Change ☐ Add
NAME C.H. Heist III
STREET ADDRESS C.F.O.
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME ROWLEY, JOHN L
STREET ADDRESS 478 OLD OAK CIRCLE
CITY-ST-ZIP PALM HARBOR FL

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

TITLE T ☐ Delete
NAME KASHMANIAN, MARK
STREET ADDRESS 276 RAMBLING RD
CITY-ST-ZIP E AMHERST NY

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

TITLE V ☐ Delete
NAME MOORE, KURT R
STREET ADDRESS 4815 CHEVAL BOULEVARD
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

716-894-3035

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90037 001 ***150.00

DO NOT WRITE IN THIS SPACE