

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90201 033 ***150.00

DOCUMENT # F01000001102

1. Entity Name
ABLEST, INC.

Principal Place of Business

**1901 ULMERTON RD. #300
CLEARWATER FL 33762**

Mailing Address

**1901 ULMERTON RD. #300
CLEARWATER FL 33762**

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

65-0978462

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, 2002 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: ☐ Delete
NAME: **CD**
STREET ADDRESS: **HEIST III, CHARLES H**
CITY-ST-ZIP: **22241 ALLIGATOR CREEK RD.
CLEARWATER FL**

TITLE: ☐ Change ☒ Addition
NAME: **President**
STREET ADDRESS: **KURT R. MOORE**
CITY-ST-ZIP: **4815 Cheval Blvd.
LUTZ, FL 33549**

TITLE: ☐ Delete
NAME: **D**
STREET ADDRESS: **FOSTER, W. DAVID**
CITY-ST-ZIP: **3045 BRAELOCH CIRCLE
CLEARWATER FL**

TITLE: ☐ Change ☒ Addition
NAME: **Vice President**
STREET ADDRESS: **Vincent Lombardo**
CITY-ST-ZIP: **10512 Greensprings
TAMPA, FL 33635**

TITLE: ☐ Delete
NAME: **D**
STREET ADDRESS: **SHARLAU, CHARLES F**
CITY-ST-ZIP: **1506 SUNSET PLACE
FAYETTEVILLE AR**

TITLE: ☐ Change ☒ Addition
NAME: **TREASURER**
STREET ADDRESS: **MARK KASHMANIAN**
CITY-ST-ZIP: **103 SILVER MOSS LANE
TARPOON SPRING, FL 34689**

TITLE: ☐ Delete
NAME: **D**
STREET ADDRESS: **LEIRVIK, RONALD K**
CITY-ST-ZIP: **7649 GLEN ECHO LANE
GATES MILLS OH**

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

TITLE: ☐ Delete
NAME: **D**
STREET ADDRESS: **ROBERSON, RICHARD W**
CITY-ST-ZIP: **26133 US HWY 19 N. STE 306
CLEARWATER FL**

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

TITLE: ☐ Delete
NAME: **D**
STREET ADDRESS: **MOORE, DONNA R**
CITY-ST-ZIP: **PO BOX 1728
EUREKA MT**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02

(727) 299-1200

CR2E034 (9/01)