

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90941 042 ***150.00

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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

☐ CHECK HERE IF MAKING CHANGES

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	CD	<input type="checkbox"/> Delete
NAME	HEIST III, CHARLES H	
STREET ADDRESS	22241 ALLIGATOR CREEK RD.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, W. DAVID	
STREET ADDRESS	3045 BRAELOCH CIRCLE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARLAU, CHARLES F	
STREET ADDRESS	1506 SUNSET PLACE	
CITY-ST-ZIP	FAYETVILLE AR	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEIRVIK, RONALD K	
STREET ADDRESS	7849 GLEN ECHO LANE	
CITY-ST-ZIP	GATES MILLS OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERSON, RICHARD W	
STREET ADDRESS	28133 US HWY 19 N. STE 306	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, DONNA R	
STREET ADDRESS	PO BOX 1723	
CITY-ST-ZIP	EUREKA MT	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KURT R. MOORE	
STREET ADDRESS	4815 Cheval Blvd.	
CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	Vice Pres. CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINCENT LOMBARDO	
STREET ADDRESS	10512 GREENSPRINGS	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Vincent Lombardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03

Date

(727)299-1200

Daytime Phone #

CR2E034 (10/02)