

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

0614297 AT

DOCUMENT # F01000003579

1. Entity Name
ABEL TELECOM, INC.

01-24-2002 90164 029 ***150.00

Principal Place of Business **Mailing Address**
8912 EAST PINNACLE PEAK ROAD, #533 **8912 EAST PINNACLE PEAK ROAD, #533**
SCOTTSDALE AZ 85255 **SCOTTSDALE AZ 85255**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
14354 N FRANK Lloyd WRIGHT, **14354 N. FRANK Lloyd WRIGHT**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**
Suite 11 **Suite 11**

City & State **City & State**
SCOTTSDALE, AZ **SCOTTSDALE, AZ**

Zip **Country** **Zip** **Country**
85260 **USA** **85260** **USA**

4. FEI Number **86-1030931** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SISSON, LARRY
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351

7. Name and Address of New Registered Agent

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|-----------------------|---|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ABEL, HERBERT | |
| STREET ADDRESS | 8300 E. DIXILETTA DRIVE, LOT 255 | |
| CITY-ST-ZIP | SCOTTSDALE AZ 85262 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | RITTER, HENRY | |
| STREET ADDRESS | 8912 EAST PINNACLE PEAK ROAD, #533 | |
| CITY-ST-ZIP | SCOTTSDALE AZ 85255 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|---|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ABEL, HERBERT | |
| STREET ADDRESS | 14354 N. FRANK Lloyd WRIGHT, #11 | |
| CITY-ST-ZIP | SCOTTSDALE, AZ 85260 | |
| TITLE | ST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JAMES A. CORY | |
| STREET ADDRESS | 14354 N. FRANK Lloyd WRIGHT, #11 | |
| CITY-ST-ZIP | SCOTTSDALE, AZ 85260 | |
| 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 | | |
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| 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 | | |

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 REQUIRED HERBERT H. ABEL 01-10-02 480-281-3001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)