## 2002 UNIFORM BUSINESS REPORT (UBR)

		FILED Feb 20, 2002 8:00 am		
Entity Name  ABLE MAINTENANCE, INC.			02-20-2002 90110 024 ***150.00	
of Business N	Mailing Address 10575 68TH AVE N STE B-3 SEMINOLE FL 33772 US			
etc	3. Mailing Address			. <b>11</b> 6
	City & State		4. FEI Number 59-2434966 Applied F Not Applied	_
Country	Zip	Country	5. Certificate of Status Desired S8.75 - Additional Fee Required	
6. Name and Address of Currer	nt Registered Agent	Name	7. Name and Address of New Registered Agent	
GRAHAM, DONALD V. #1 KEY CAPRI DRIVE			s (P.O. Box Number is Not Acceptable)	
THE DITTE				
TREASURE ISLAND FL 33706		City	FL Zip Code	
tion is eligible to satisfy its Intangib uirement and elects to do so.	ple FILE NOW After May 1, 20	002 Fee will be \$550.00		
<del></del>	<del></del>	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
IPST IRAHAM, DONALD KEY CAPRI DR, 113W REASURE ISLAND FL	LJ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	∟j Change ∟j Ad	ldition
	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	dition
	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Ad	dition
	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP	☐ Change ☐ Ad	idition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Ad	dition
	☐ Delete	TITLE NAME	☐ Change ☐ Ad	dition
	ENT # H110 TENANCE, INC.  If Business N 1772  e of Business etc.  Country  6. Name and Address of Curren  ONALD V. PRI DRIVE  SLAND FL 33706  med entity submits this statement  nature, typed or printed name of registered age ion is eligible to satisfy its Intangit uirement and elects to do so. on back)  OFFICERS AN  PST  RAHAM, DONALD  KEY CAPRI DR, 113W	TENANCE, INC.  If Business  Mailing Address  10575 69TH AVE N STE B-3 SEMINOLE FL 33772 US  Is of Business  Is	Mailing Address N 10575 98TH AVE N STE B-3 SEMINOLE FL 33772 US e of Business 3. Mailing Address etc.  Suite, Apt. #, etc.  City & State  Country  Zip Country  Apr. #, etc.  City & State  Country  City  Street Address  SLAND FL 33706  City  Total Propose of changing its registered office or registered and entity submitts this statement for the purpose of changing its registered office or registered and entity submitts this statement for the purpose of changing its registered Agent signature requirement and elects to do so.  After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Suffert Address On back)  OFFICERS AND DIRECTORS  PST RAHAM, DONALD  KEY CAPRI DR, 113W REASURE ISLAND FL  Delete  ITILE  NAME STREET ADDRESS CITY-ST-ZIP  Delete	Feb 20, 2002 8:00 a) Secretary of State 02-20-2002 90110 024 ***150.00    Ebusiness