

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 09, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000003188****1. Entity Name**  
THE A.B.L.E. (ACHIEVING BEYOND LIMITED EXPECTATIONS) F  
FOUNDATION, INC.

<b>Principal Place of Business</b> 5250 NE 153 CT.  WILLISTON FL 32696	<b>Mailing Address</b> 5250 NE 153 CT.  WILLISTON FL 32696
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<b>2. Principal Place of Business</b> P.O. BOX 15  Suite, Apt. #, etc.	<b>3. Mailing Address</b> P.O. BOX 15  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

<b>City &amp; State</b> WILLISTON FL	<b>City &amp; State</b> WILLISTON FL	<b>4. FEI Number</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>Zip</b> 32696	<b>Country</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  BENNETT LORI 5250 NE 153 CT.  WILLISTON FL 32696	<b>7. Name and Address of New Registered Agent</b>  Name BENNETT LORI Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 15  City WILLISTON FL Zip Code 32696
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**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.**

<b>SIGNATURE</b> <b>LORI BENNETT</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>09/09/2001</b> <small>DATE</small>
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(NOTE: Registered Agent signature required when reinstalling)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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.**

<b>SIGNATURE:</b> <b>LORI BENNETT</b>	<b>CEOP</b>	<b>09/09/2001</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)