

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013171

1. Entity Name

ABLY PRODUCTS & SERVICE, INC.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90322 047 ***150.00

00024954

Principal Place of Business

Mailing Address

2. Principal Place of Business

1747 RODMAN ST

Suite, Apt. #, etc.

110

City & State

HOLLYWOOD

Zip

33020

Country

USA

3. Mailing Address

1747 RODMAN ST

Suite, Apt. #, etc.

110

City & State

HOLLYWOOD

Zip

33320

Country

USA

4. FEI Number

65-0996844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERT PICHE

1747 RODMAN ST # 110

HOLLYWOOD, FLORIDA 33020

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

Robert Piche

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-03-01

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, 2001 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 PD
NAME ROBERT PICHE
STREET ADDRESS 1747 RODMAN ST # 110
CITY-ST-ZIP HOLLYWOOD, FL 33020

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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:

Robert Piche

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-01

Date

Daytime Phone #

CR2E034 (11/00)