

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028792

1. Entity Name
ABLED, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90116 047 ***150.00

Principal Place of Business
3639 N.W. 108 BLVD.
GAINESVILLE FL 32606

Mailing Address
10922 36TH PL
GAINESVILLE FL 32606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10922 NW 36th Place
Suite, Apt. #, etc.

3. Mailing Address
10922 NW 36th Place
Suite, Apt. #, etc.

City & State
Gainesville, FL

City & State
Gainesville, FL

4. FEI Number
59-3632476

Applied For
Not Applicable

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

Zip
32606

Country
USA

Zip
32606

Country

6. Name and Address of Current Registered Agent
LEDVINA, TIM
3639 N.W. 108 BLVD.
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent
Name
Tim Ledvina
Street Address (P.O. Box Number is Not Acceptable)
10922 NW 36th Place
City
Gainesville FL Zip Code
32606

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
Tim Ledvina Tim Ledvina 4-23-01
(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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RINGO, GARY 6826 N.W. 105 AVE. ALACHUA FL 32615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEDVINA, TIM 3639 N.W. 108 BLVD. GAINESVILLE FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Tim Ledvina 10922 NW 36th Place Gainesville, FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Tim Ledvina Tim Ledvina 4-23-01 352 331-5399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)