

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2002 8:00 am
Secretary of State

06-16-2002 90693 031 ***150.00

DOCUMENT # P01000024882

1. Entity Name

Able-2 computers Inc

DO NOT WRITE IN THIS SPACE

869068

2. Principal Place of Business

Able-2 computers INC

3. Mailing Address

6013 Newbury Cir

Suite, Apt. #, etc.

7667 N Wickham RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

#1309 Melbourne FL

City & State

Melbourne FL

4. FEI Number

59-3702042

Applied For

Not Applicable

Zip

32940

Country

Brevard

Zip

32940

Country

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DIANE Wiltshire

Street Address (P.O. Box Number is Not Acceptable)

6013 Newbury Cir

City

Melbourne

FL

Zip Code

32940

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

Phillip Wiltshire

STREET ADDRESS

6013 Newbury Cir

CITY-ST-ZIP

Melbourne FL, 32940

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

V

NAME

DIANE Wiltshire

STREET ADDRESS

6013 Newbury Cir

CITY-ST-ZIP

Melbourne FL, 32940

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

Phillip Wiltshire

04/01/02

321-7528811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)