

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91349 024 ***150.00

DOCUMENT # P01000071658

1. Entity Name

ABL Services, Inc.

DO NOT WRITE IN THIS SPACE

669426

2. Principal Place of Business

3. Mailing Address

5609 Century 21 Blvd #187

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5609 Century 21 Blvd #187

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32807

Orange

32807

Orange

4. FEI Number

59-3760468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Carlos Pinedo

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

5609 Century 21 Blvd #187

Orlando, FL

City

FL

Zip Code

32807

**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 *President*
NAME *Carlos Pinedo*
STREET ADDRESS *5609 Century 21 Blvd #187*
CITY-ST-ZIP *Orlando, FL 32807*

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IN THIS SPACE**

CR2E034B (12/01)

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 all other like empowered.

SIGNATURE:

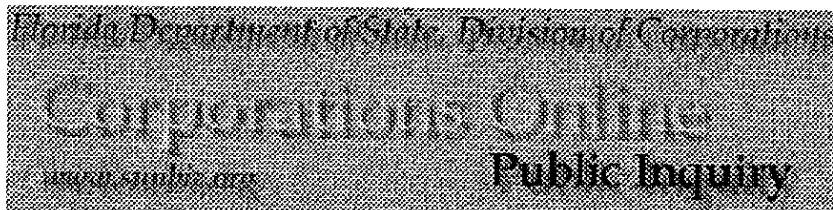
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-10-2002

Date

407-435-8919

Daytime Phone #



Florida Profit

ABL SERVICES, INC.

PRINCIPAL ADDRESS

5609 CENTURY 21 BLVD #187
ORLANDO FL 32807

MAILING ADDRESS

5609 CENTURY 21 BLVD #187
ORLANDO FL 32807

Document Number
P01000071658

State
FL

FEI Number
NONE

Status
ACTIVE

Date Filed
07/20/2001

Effective Date
NONE

Registered Agent

Name & Address
PENEDO, CARLOS L 5609 CENTURY 21 BLVD #187 ORLANDO FL 32807

Officer/Director Detail

Name & Address	Title
PENEDO, CARLOS L 5609 CENTURY 21 BLVD #187 ORLANDO FL 32807	D

Annual Reports

Report Year	Filed Date	Intangible Tax
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