

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91008 045 ***150.00

0003384 AT

DOCUMENT # P02000133822
1. Entity Name
ABLE PROPERTY MANAGEMENT & MAINTENANCE, INC.



Principal Place of Business
**1856 78TH COURT
VERO BEACH FL 32966**

Mailing Address
**1856 78TH COURT
VERO BEACH FL 32966**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

103-0503093

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LESTER, ANN MARIE
1856 78TH COURT
VERO BEACH FL 32966**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ann Marie Lester*

2/14/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$350.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D FIELD, NORTON P JR**
STREET ADDRESS **1856 78TH COURT**
CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE Change Addition
NAME **D PRESIDENT**
STREET ADDRESS **TREASURER**
CITY-ST-ZIP

TITLE Delete
NAME **D LESTER, ANN MARIE**
STREET ADDRESS **1856 78TH COURT**
CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE Change Addition
NAME **D VICE PRESIDENT**
STREET ADDRESS **SECRETARY**
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann Marie Lester*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03 7724644803
Date Daytime Phone #

CR2E034 (10/02)