

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90002 043 ***150.00

DOCUMENT # P93000044209
 1. Entity Name
ABLE LUMBER AND SUPPLY, INC.

Principal Place of Business
 0-13TH ST SW
 RGO FL 34640

Mailing Address
 P.O. BOX 4699
 CLEARWATER FL 33758-4699

Principal Place of Business
 30750 US 19N

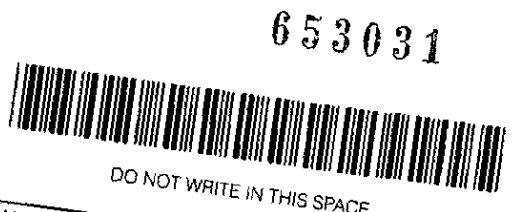
3. Mailing Address
 SAME

City & State
 PALM HARBOR

City & State
 PALM HARBOR

Country
 PINELLAS

Zip
 34684



6. Name and Address of Current Registered Agent
 D & B CORPORATE SERVICES, INC.
 30750 U.S. 19 NORTH
 PALM HARBOR FL 34684

4. FEI Number
59-3198312

5. Certificate of Status Desired Applied For
 Not Applicable

7. Name and Address of New Registered Agent

Name
DAVID LAMONT

Street Address (P.O. Box Number is Not Acceptable)
30750 US 19N

City
PALM HARBOR

State
FL

Zip Code
34684

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

Entity is eligible to satisfy its intangible asset requirement and elects to do so. (via on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

DATE
5-1-00

OFFICERS AND DIRECTORS

<input type="checkbox"/> Delete STD MONGELLUZZI, ANNE 30750 US HWY 19 N PALM HARBOR FL 34684	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete MONGELLUZZI, FRANK 30750 U.S. HIGHWAY 19 NORTH PALM HARBOR FL 34684	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 is true and accurate and that my signature shall have the same legal effect as if made under oath by the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

Signature:

CR2E034 (9/99)