

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046779

1. Entity Name

ABLE MARKETING, INC.

Principal Place of Business

GEORGE'S COMPUTERS  
SEMINOLE FL 33772

Mailing Address

7821 SEMINOLE BLVD  
SEMINOLE FL 33772-4825  
US

2. Principal Place of Business

8536 120th St N.

Suite, Apt. #, etc.

3. Mailing Address

8536 120th St N.

Suite, Apt. #, etc.

City & State

Seminole FL

Zip

33772

Country

Pinellas

City & State

Seminole FL

Zip

33772

Country

Pinellas

4. FEI Number

59-3246170

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROOKS, GEORGE  
8536 120TH ST. N.  
SEMINOLE FL 33772

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.

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)

☐

**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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT.	<input type="checkbox"/> Delete
NAME	BROOKS, LYNN A	
STREET ADDRESS	8536 120TH ST N	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	BROOKS, GEORGE	
STREET ADDRESS	8536 120TH ST N	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, JENNIFER	
STREET ADDRESS	9693 50 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, NATHAN	
STREET ADDRESS	9693 50TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brooks, Lynn	
STREET ADDRESS	8536 120th St N.	
CITY-ST-ZIP	Seminole FL 33772	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brooks, George	
STREET ADDRESS	8536 120th St N.	
CITY-ST-ZIP	Seminole FL 33772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00

Date

727-638-2928

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90025 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE