

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018334

1. Entity Name

ABLE OIL MELBOURNE, INC.

FILED

Apr 05, 2000 8:00 am  
Secretary of State

04-05-2000 90080 028 \*\*\*150.00

Principal Place of Business

Mailing Address

735 SNAPPER RD  
CAPE CANAVERAL FL 32920

PO BOX 1391  
CAPE CANAVERAL FL 32920-1391  
US

2. Principal Place of Business

757 Seallip Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3297744

Applied For

Not Applicable

Zip

Country

BREVARD

Zip

Country

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

WILKINSON, JAMES A  
220 N PALMETTO AVE  
ORLANDO FL 32801

Name

SEAN HARRINGTON

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

10007 RIVER GLEN CT.

City

ORLANDO

FL

Zip Code

32825

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)

3/29/00

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 P  
NAME HARRINGTON, TIMOTHY  
STREET ADDRESS 344 RT 46  
CITY-ST-ZIP ROCKAWAY NJ 07866 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME HARRINGTON, SEAN  
STREET ADDRESS 10007 RIVER GLEN CT  
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

3/29/00 321-952-7072

CR2E034 (9/99)