

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000039497

1. Entity Name

ABLE WIRELESS, INC.

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

05-24-2000 90003 009 ***150.00

Principal Place of Business

1601 FORUM PLACE, SUITE 1110
 WEST PALM BEACH FL 33401

Mailing Address

1601 FORUM PLACE, SUITE 1110
 WEST PALM BEACH FL 33401-8104

2. Principal Place of Business

1200 Landmark Center

3. Mailing Address

1200 Landmark Center

Suite, Apt. #, etc.

Suite 1300

Suite, Apt. #, etc.

Suite 1300

City & State

Omaha, Nebraska

City & State

Omaha, Nebraska

Zip

68102

Country

USA

Zip

68102

Country

USA

4. FEI Number

65-0666274

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

POLLOCK, EDWARD
 ABLE TELCOM HOLDING CORP
 1601 FORUM PLACE, SUITE 1110
 WEST PALM BEACH FL 33401

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 NAME STREET ADDRESS CITY-ST-ZIP | P RAY, BILLY V 1601 FORUM PLACE SUITE 1110 WEST PALM BEACH FL 33401 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

4/05/00
 Date

770-993-1570
 Daytime Phone #

CR2E034 (9/99)