

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2000 90077 013 ***150.00

DOCUMENT # P97000020777

1. Entity Name

ABLE ELECTRIC, INC.

Principal Place of Business

1900 SOUTH BABCOCK STREET UNIT "B"
 MELBOURNE FL 32901

Mailing Address

1900 SOUTH BABCOCK STREET UNIT "B"
 MELBOURNE FL 32901-4445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3430980

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNS, TIMOTHY L
 1900 SOUTH BABCOCK STREET UNIT "B"
 MELBOURNE FL 32901

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

Tracy Burns

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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** Delete
 NAME **BURNS, TIMOTHY L**
 STREET ADDRESS **2685 WARREN STREET**
 CITY-ST-ZIP **WEST MELBOURNE FL 32904**

TITLE **P** Change Addition
 NAME **Burns Tracy R**
 STREET ADDRESS **411 3rd Ave**
 CITY-ST-ZIP **Melb, Beach, Fl. 32935**

TITLE **T** Delete
 NAME **BURNS, TRACY R**
 STREET ADDRESS **765 ONTARIO**
 CITY-ST-ZIP **PALM BAY FL 32906**

TITLE **T** Change Addition
 NAME **Burns Timothy L**
 STREET ADDRESS **2685 Warren St**
 CITY-ST-ZIP **West Melbourne Fl 32904**

TITLE **S** Delete
 NAME **BURNS, LEE**
 STREET ADDRESS **253 PEREGRINE DRIVE**
 CITY-ST-ZIP **INDIATLANTIC FL 32903**

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
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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:

Tracy Burns
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

321-952-0101

Daytime Phone #

CR2E034 (9/99)