

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91523 001 \*\*\*150.00

DOCUMENT # P97000031131 ✓

1. Entity Name

ABLE TECHNOLOGIES, INCORPORATED

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3144 MORRIS MANOR

Suite, Apt. #, etc.

3. Mailing Address

~~SAME~~ 3144 MORRIS MANOR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MERRITT ISLAND, FL

City & State

MERRITT ISLAND, FL

4. FEI Number

59-3439105

Applied For

Not Applicable

Zip

32952

Country

BREVARD

Zip

32952

Country

BREVARD

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ERNEST TONHAUSER

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

3144 MORRIS MANOR

City

MERRITT ISLAND

FL

Zip Code

32952

**DO NOT WRITE  
IN THIS SPACE**

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)



**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE CHIEF OPERATING OFFICER / TREASURER  
NAME LOIS M. TONHAUSER  
STREET ADDRESS 3144 MORRIS MANOR  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PRESIDENT / SECRETARY  
NAME ERNEST TONHAUSER  
STREET ADDRESS 3144 MORRIS MANOR  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ERNEST TONHAUSER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02

Date

321-455-9769

Daytime Phone #

CR2E034B (12/01)