

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041794

1. Entity Name

ABLS, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90200 049 ***150.00

Principal Place of Business

1857 WELLE RD
STE 223
ORANGE PARK FL 32073

Mailing Address

1857 WELLE RD
STE 223
ORANGE PARK FL 32073

2. Principal Place of Business

1857 Wells Rd.
Suite, Apt. #, etc.
Ste 223
City & State
Orange Park, FL
Zip
32073
Country
CLAY

3. Mailing Address

1857 Wells Rd.
Suite, Apt. #, etc.
Ste 223
City & State
Orange Park, FL
Zip
32073
Country
CLAY



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3459357

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARDNER, MAYO
1857 WELLE RD
STE 223
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name
GARDNER, MAYO
Street Address (P.O. Box Number is Not Acceptable)
1857 Wells Rd.
Ste 223
City
Orange Park
FL
Zip Code
32073

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

(NOTE: Registered agent signature required when reinstating)

DATE

3-31-2000

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GARDNER, MAYO
250 CROSSING BLVD 404
ORANGE PARK FL 32073

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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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 #

3/31/2000 (904) 215-0802

CR2E034 (9/99)