

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089611

1. Entity Name

ABLE LASER GRAPHICS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90031 030 ***150.00

Principal Place of Business

12442 SE HWY 484
BELLEVUE FL 34420

Mailing Address

P.O. BOX 714
BELLEVUE FL 34421-0714
US

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 59-3476707

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

ALTMAN, MICHAEL D
5135 SE 125TH ST
BELLEVUE FL 34420

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	DVS	<input type="checkbox"/> Delete
NAME	BARNETT, ELISE E	
STREET ADDRESS	12442 SE HWY 484	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	ALTMAN, MICHAEL D	
STREET ADDRESS	5135 SE 125TH ST	
CITY-ST-ZIP	BELLEVUE FL 34420	
TITLE		<input type="checkbox"/> Delete
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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

ELISE E. BARNETT

Date

Daytime Phone #

4/27/2000 (352) 307-7243

CR2E034 (9/99)