

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105439

1. Entity Name
ABLE INSTALLERS, INC.

Principal Place of Business
116 POINCIANA LANE
ENTERPRISE FL 32738

Mailing Address
116 POINCIANA LANE
ENTERPRISE FL 32738

2. Principal Place of Business

Suite, Apt. #, etc.
6047 Sanctuary Garden

City & State
Port Orange FL

Zip
32128

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2001

4. FEI Number
59-3484427

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CREEKMORE, JAMES H JR.
116 POINCIANA LANE
ENTERPRISE FL 32738

7. Name and Address of New Registered Agent

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 *James H. Creekmore Jr.* James H. Creekmore Jr. 11-19-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME CREEKMORE, JAMES H JR
STREET ADDRESS 116 POINCIANA LN
CITY-ST-ZIP ENTERPRISE FL 32725

TITLE V
NAME CREEKMORE, CRAIG L
STREET ADDRESS 116 POINCIANA LNE
CITY-ST-ZIP ENTERPRISE FL 32738

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: *James H. Creekmore Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-18-01 (407) 402-1991

Date Daytime Phone #

0107665 AT

CR2E034 (5/01)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA