## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P97000105833 **DOCUMENT #**

1. Entity Name ABLE ASSOCIATES, INC.



**FILED** Feb 03, 2003 8:00 am Secretary of State
02-03-2003 90133 014 \*\*\*150.00

CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS							No.	5						
Suita Apt. # acc.   Suita Apt. # acc.   City & State   City & City & City & State   City & State   City &	848 HARBOR	ISLE PLACE		801 YÄLE AVE. STE. 309										
City & State  Country  Country  S. Confliction of Status Desired  See Required  For Registered Agent, or both, in the State of Florica. I am familiar with, and accept the ecologistions of registered agent, or both, in the State of Florica. I am familiar with, and accept the ecologistions of registered agent, or both, in the State of Florica. I am familiar with, and accept the ecologistions of registered agent, or both, in the State of Florica. I am familiar with, and accept the ecologistions of registered agent, or both, in the State of Florica. I am familiar with, and accept the ecologistions of registered agent, or both, in the State of Florica. I am familiar with, and accept the ecologistions of registered agent, or both, in the State of Florica. I am familiar with, and accept the ecologistions of registered agent, or both, in the State of Florica. I am familiar with, and accept the ecologistions of registered agent, or both, in the State of Florica. I am familiar with, and accept the ecologistic florica and acce	2. Principal F	Place of Busin	ness	3. Mailing Address						! !##!!##! !!# !#!!! !##!! 		88181 B1185 1 <b>516</b>	<b>I</b>     <b>    </b>	
Zip Country Zip Country S. Certificate of Status Desired   \$8.75 Additional Fee Reputational   \$8.75 Additional Fee Reputational   \$8.75 Additional Fee Reputational   \$8.75 Additional Fee Reputational   \$1.75 Additional   \$	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
S. Name and Address of Current Registered Agent  S. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this aborton for the purpose antifoling its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or both, in the State of F	City & Stat	te		City & State					20-2030042			··		
RESSE, DALE L 848 HARBOR ISLE WEST PALM BEACH FL 33410  City FL Zip Code  8. The above named artily submits this strength for the purpose antifying its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registroid pagnit.  SIGNATURE  FILE NOW!!! FEE IS 150.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  SIRELA ROSS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  MAME SIRELA ROSS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  MAME SIRELA ROSS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  MAME SIRELA ROSS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  11. ADDITIONS/CHANGES TO OFFICERS III.  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  11. ADDITION							try		5. Certificate of Status Desired \$8.75 Additional					1
RESSE, DALE L  949 HARBOR ISLE  WEST PALM BEACH FL 33410  City  City  FL  Zip Code  6. The above named antity submits this submits with and submits this submits		6. Name	and Address of Current	Registere	d Agent				7. Na	ame and Address of Ne	w Registered	Agent		1
Street Address (P.C. Box Numbor is Not Acceptable)  Street Address (P.C. Box Numbor is Not Acceptable)  City  FL  Zip Code  City  Address of Picras  DATE  FLE NOW; If Fee is \$150.00  After May 1, 2003 Fee will be \$55.00  A				,			Name				·			7
8. The above named entity submits this site of product the colligations of registered paths. I am familiar with, and accept the colligations of registered paths. I am familiar with, and accept the colligations of registered paths.  SIGNATURE    Signature, typeshaured name transforms at more transforms at more transforms. OKOTE Registered Agent signature required when nontaining.   DATE    FILE NOW!!! FEE IS \$150.00							Street Addr	ress (P.	O. Bo	x Number is Not Accepta	ible)	, <u></u>	<del></del>	
B. The above named entity submits this stitlement for the purpose demotiging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature	WEST PA	LM BEACH	FL 33410		//	7								1
Inter contigencies of registered agrint.    Signature   Suprature types—from name at location and limited position.   ONOTE Registered Agant argument when reinstation)   OATE							•			<u>,_</u> .		•   '		1
After May 1, 2003 Fee will be \$55.00 May Be Added to Flees Make Check Payable to Florida Department of State  10.	the obligat	Signature, typed	ered agent.	or the purp								familiar with,	and accept	
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		ertify that the	information supplied with	this filing	does not qualify for the			in Secti	ion 11	9 07(3)(i) Florida Statuta	e I further ac-	ifu that that	oformatic=	1

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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>\(\nu\)</u>

CUMBU SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR