CR2E034 (9/01

FILED

2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with

Apr 11, 2002 8:00 am Secretary of State P98000051921 DOCUMENT # 1. Entity Name ABLE LEAK DETECTION, INC. 04-11-2002 90718 011 ***150.00 Mailing Address Principal Place of Business 3977 TARPON POINTE CIR. 3977 TARPON POINTE CIR. PALM HARBOR FL 34684 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3525209 Not Applicable Zip Country Country \$8.75 Additional П Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORTER, DAVID A Street Address (P.O. Box Number is Not Acceptable) 3977 TARPON POINTE CIR. PALM HARBOR FL 34684 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE CORTER, DAVID A NAME 3977 TARPON POINTE CIR. STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE Kinley. Teresa d NAME NAME 19410 WYNDMILL CIR STREET ADDRESS STREET ADDRESS ODESSA FL 33556 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ⁻ ☐ "Addition TITLE Delete TITI F CORTER, SUZANNE NAME NAME 3977 TARPON POINTE CIRCLE STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIP CITY-ST-7IP □ Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS Addish Iro o CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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