

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

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90467 001 ***150.00

DOCUMENT #

1. Entity Name

P99000090228

ABLE ENVIRONMENTAL SERVICES, INC.N

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

434 N. HALIFAX AVE STE1

Suite, Apt. #, etc.

3. Mailing Address

434 N HALIFAX AVE STE 1

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

Zip

32118

Country

USA

Zip

32118

Country

USA

4. FEI Number

59-3654884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GEORGE D. E. BURDEN

Street Address (P.O. Box Number is Not Acceptable)

434 N. HALIFAX AVE

City

DAYTONA BEACH

FL

Zip Code
32118

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 - Fee is \$150.00

After May 1 - Fee is \$550.00

Amended UBR is \$61.25

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	TITLE NAME STREET ADDRESS CITY - ST - ZIP
PRESIDENT JEAN S. HARVEY 905 PELICAN BAY DR DAYTONA BEACH, FL 32119	

**DO NOT WRITE
IN THIS SPACE**

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 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 #

JEAN S. HARVEY
4/16/02

386-304-2628

CR2E034B (12/01)