

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S44862**

1. Entity Name

ABLE MANAGEMENT INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90128 034 ***150.00

Principal Place of Business

Mailing Address

7354 SE JAMESTOWN TERRACE
POST OFFICE BOX 1223
HOBE SOUND FL 334757354 SE JAMESTOWN TERRACE
POST OFFICE BOX 1223
HOBE SOUND FL 33475-1223

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 **65-0260303**

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

CUNNINGHAM, DAVID J.
7354 SE JAMESTOWN TER
HOBE SOUND FL 33455

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **CUNNINGHAM, BETTY M.**
CITY-ST-ZIP **7354 SE JAMESTOWN TER**
HOBE SOUND FLTITLE ☐ Delete
NAME **DV**
STREET ADDRESS **CUNNINGHAM, DAVID J.**
CITY-ST-ZIP **7354 SE JAMESTOWN TER**
HOBE SOUND FLTITLE ☐ Delete
NAME **DST**
STREET ADDRESS **MARKINO, ANGELO**
CITY-ST-ZIP **1802 HARVARD NW**
CANTON OHTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
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, or on an attachment with an address, with all other like empowered.

David J. Cunningham
7354 SE Jamestown Ter.
Hobe Sound, FL 33455-6868SIGNATURE *David J. Cunningham*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/00 561-546-287