2001 UNIFORM BUSINESS REPORT (UBR) \ FILED May 03, 2001 8:00 am Secretary of State **DOCUMENT # S44862** 1. Entity Name ABLE MANAGEMENT INC. 05-03-2001 90920 006 ***150 00 Principal Place of Business Mailing Address 7354 SE JAMESTOWN TERRACE 7354 SE JAMESTOWN TERRACE POST OFFICE BOX 1223 POST OFFICE BOX 1223 HOBE SOUND FL 33475 HOBE SOUND FL 33475 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 65-0260303 City & State City & State Vot Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Tendergas 6MAS CUNNINGHAM, DAVID J. Street Address (P.O. Box Number is Not Acceptable) 7354 SE JAMESTOWN TER 7285 SE Coneon 8 **HOBE SOUND FL 33455** submits this statement for the purpose of char FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Delete TITLE TITLE homas H. NAME NAME CUNNINGHAM, BETTY M. 7285 SE Concord STREET ADDRESS STREET ADDRESS 7354 SE JAMESTOWN TER CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL Délete TITLE D۷ TITLE NAME CUNNINGHAM, DAVID J. NAME STREET ADDRESS STREET ADDRESS 7354 SE JAMESTOWN TER Hoho Sound Fla 33455 CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL. TITLE Delete TITLE DST NAME MARKINO, ANGELO NAME STREET ADDRESS STREET ADDRESS 1802 HARVARD NW CITY-ST-ZIP CITY-ST-ZIP CANTON OH TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME

13. I hereby certify that the information supplied with this filling 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 path; 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. The true my name appears in Block 11 or Block 12 in Chapter 607, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

09/18/0/ 561-545-0093