

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90410 043 ***150.00

DOCUMENT # V36890

1. Entity Name

AABLE AWNING AND SCREENROOM, INC.

Principal Place of Business

Mailing Address

~~4540 ST. AUGUSTINE ROAD #2~~ **SSI ONEIDA CT**
JACKSONVILLE FL 32225
US

~~4540 ST. AUGUSTINE ROAD #2~~ **SSI ONEIDA CT**
JACKSONVILLE FL 32225
US



2. Principal Place of Business

SSI ONEIDA COURT

3. Mailing Address

Suite, Apt. #, etc.

City & State
Jacksonville FL

Zip
32225-3963

Country
USA

City & State
Jacksonville FL

Zip
32225-3963

Country
USA

4. FEI Number
59-3121405

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, DWIGHT M

~~11504 KNOBBY WAY~~ **SSI ONEIDA COURT**
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	MATTHEWS, DWIGHT M	
STREET ADDRESS	11504 KNOBBY WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	MATTHEWS, KATHRYN D. M	
STREET ADDRESS	11504 KNOBBY WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATTHEWS, WESLEY P	
STREET ADDRESS	11504 KNOBBY WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CALAHAN, WILLIAM B	
STREET ADDRESS	2411 CALADIUM ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SSI ONEIDA COURT
STREET ADDRESS	JACKSONVILLE, FL 32225-3963
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SSI ONEIDA COURT
STREET ADDRESS	JACKSONVILLE, FL 32225-3963
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SSI ONEIDA COURT
STREET ADDRESS	JACKSONVILLE, FL 32225-3963
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, 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 #

CR2E034 (9/01)