

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

0614297 AT

DOCUMENT # F01000003579

1. Entity Name
ABEL TELECOM, INC.

01-24-2002 90164 029 ***150.00

Principal Place of Business Mailing Address
8912 EAST PINNACLE PEAK ROAD, #533 **8912 EAST PINNACLE PEAK ROAD, #533**
SCOTTSDALE AZ 85255 **SCOTTSDALE AZ 85255**



2. Principal Place of Business 3. Mailing Address
14354 N FRANK Lloyd WRIGHT, **14354 N. FRANK Lloyd WRIGHT**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 11 **Suite 11**

City & State City & State
SCOTTSDALE, AZ **SCOTTSDALE, AZ**

Zip Country Zip Country
85260 USA **85260 USA**

4. FEI Number Applied For
86-1030931 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SISSON, LARRY
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	ABEL, HERBERT
STREET ADDRESS	8300 E. DIXILETTA DRIVE, LOT 255
CITY-ST-ZIP	SCOTTSDALE AZ 85262
TITLE	ST <input checked="" type="checkbox"/> Delete
NAME	RITTER, HENRY
STREET ADDRESS	8912 EAST PINNACLE PEAK ROAD, #533
CITY-ST-ZIP	SCOTTSDALE AZ 85255
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABEL, HERBERT
STREET ADDRESS	14354 N. FRANK Lloyd WRIGHT, #11
CITY-ST-ZIP	SCOTTSDALE, AZ 85260
TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES A. CARRY
STREET ADDRESS	14354 N. FRANK Lloyd WRIGHT, #11
CITY-ST-ZIP	SCOTTSDALE, AZ 85260
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	
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 REQUIRED HERBERT H. ABEL **01-10-02** **480-281-3001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)