

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90046 018 \*\*\*158.75

**DOCUMENT # F83186**

1. Entity Name  
**B.L. BENNETT LINE AND CABLE CONSTRUCTION, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>OCEAN RESIDENCE CRT N<br>BCH. FL 32937-2070 | Mailing Address<br>265 OCEAN RESIDENCE CRT N<br>SATELLITE BCH. FL 32937-2070<br>US |
|--|--|



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |   |   |
|--------------|--------------|------------------------------------|---|---|
| City & State | City & State | 4. FEI Number<br><b>59-2209558</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/>  |
| Zip          | Country      | Zip                                | Country                                 | 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |

6. Name and Address of Current Registered Agent  
**BENNETT, B.L.**  
**265 OCEAN RESIDENCE COURT N**  
**SATELLITE BEACH FL 32937**

7. Name and Address of New Registered Agent

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State<br><b>FL</b>                                 |
| 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 \_\_\_\_\_ (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 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<br><b>D</b>                                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>BENNETT, BARRY L</b>                      |                                 | NAME  |   |
| STREET ADDRESS<br><b>265 OCEAN RESIDENCE COURT N</b> |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>SATELLITE BEACH FL</b>             |                                 | CITY-ST-ZIP   |   |
| TITLE<br><b>STD</b>                                  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>MARTIN, B K</b>                           |                                 | NAME  |   |
| STREET ADDRESS<br><b>3595 DEERWOOD TRAIL</b>         |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP<br><b>MELBOURNE FL</b>                   |                                 | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | NAME  |   |
| STREET ADDRESS                                       |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                                 | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | NAME  |   |
| STREET ADDRESS                                       |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                                 | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |                                 | NAME  |   |
| STREET ADDRESS                                       |                                 | STREET ADDRESS  |   |
| CITY-ST-ZIP  |                                 | 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 *Bonnie Martin* **BONNIE MARTIN STD** 3-9-00 321-259-5330  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)