

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024656

1. Entity Name

COSTAIN CABLE CONSTRUCTION, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90012 012 ***150.00

Principal Place of Business

Mailing Address

13134 59TH COURT NORTH
WEST PALM BEACH FL 33411

13134 59TH COURT NORTH
WEST PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0494840

Applied For
Not Applicable

Zip

Country

Zip

Country

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

COSTAIN, TOM
13134 59TH CT. N
WEST PALM BEACH FL 33411

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, 2001 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 VS
NAME COSTAIN, PENNY
STREET ADDRESS 13134 59TH CT. N
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE V only
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE T
NAME COSTAIN, MICHAEL
STREET ADDRESS 13134 59TH CT. N
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE
NAME 4810 129th Ave N
STREET ADDRESS West Palm Bch, FL 33411
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S
NAME DWAYN COSTAIN
STREET ADDRESS 13134 59th Ct N
CITY-ST-ZIP West Palm Bch FL 33411 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Penny Costain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

561-793-6349

Daytime Phone #

CR2E034 (10/00)