

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

0023572

**DOCUMENT # P00000062405**

1. Entity Name

**TRIPLE R CABLE CONSTRUCTION, INC.**

05-15-2001 90156 037 \*\*\*158.75

Principal Place of Business <b>4412 HOOD RD. JACKSONVILLE FL 32257</b>	Mailing Address <b>4412 HOOD RD. JACKSONVILLE FL 32257</b>
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**765664**

2. Principal Place of Business <b>8859 Old Kings Rd South Suite, Apt. #, etc. 607</b>	3. Mailing Address <b>8859 Old Kings Rd. South Suite, Apt. #, etc. 607</b>
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DO NOT WRITE IN THIS SPACE

City & State <b>Jacksonville FL</b>	City & State <b>Jacksonville FL</b>	4. FEI Number <b>59-3657076</b>	Applied For Not Applicable
Zip <b>32257</b>	Country <b>U.S.</b>	Zip <b>32257</b>	Country <b>U.S.</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
**RICE, JOSEPH L  
 8787 SOUTHSIDE BLVD., APT. 5017  
 JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent  
 Name **Joe Rice**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12417 Jerneys Landing DR. EAST**  
 City **Jacksonville** FL Zip Code **32258**

B. 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 *Joseph L Rice* (President) DATE 4-15-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg stored 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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RICE, JOSEPH L 8787 SOUTHSIDE BLVD., APT. 5017 JACKSONVILLE FL 32256</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD RICE, JOSHUA E 8700 SOUTHSIDE BLVD., APT. 1208 JACKSONVILLE FL 32256</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD RICE, MARK A 4400 HOOD RD. JACKSONVILLE FL 52257</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Director Joseph L Rice 12417 Jerneys Landing DR E JACKSONVILLE FL 32258</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MARK A. Rice 8859 Old Kings Rd South Apt 607 JACKSONVILLE FL 32257</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Edward L. Rice 12417 Jerneys Landing DR E. JACKSONVILLE FL 32258</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph L Rice* **Joseph L Rice** DATE 4-15-01 (912) 399-3829  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)