

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90027 011 \*\*\*158.75

**DOCUMENT # 606103**

1. Entity Name

**BIGHAM CABLE CONSTRUCTION, INC.**

Principal Place of Business

**1023 WOODLORE CR  
 PO BOX 903  
 GULF BREEZE FL 32562**

Mailing Address

**1023 WOODLORE CR  
 PO BOX 903  
 GULF BREEZE FL 32562**

2. Principal Place of Business

**1023 Woodlore Cr.**

3. Mailing Address

**P.O. 903**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Gulf Breeze, FL**

City & State

**Gulf Breeze, FL**

Zip

**32563**

Country

**Santa Rosa**

Zip

**32562**

Country

**Santa Rosa**

4. FEI Number

**56-1176506**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BIGHAM, HAROLD  
 1023 WOODLORE CR.  
 GULF BREEZE FL 32561**

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 **PVD** ☐ Delete  
 NAME **BIGHAM, HAROLD**  
 STREET ADDRESS **1023 WOODLORE**  
 CITY-ST-ZIP **GULF BREEZE FL**

TITLE **ST.** ☐ Delete  
 NAME **BIGHAM, MARGARET**  
 STREET ADDRESS **1023 WOODLORE**  
 CITY-ST-ZIP **GULF BREEZE FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ 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 Bigham**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02**  
 Date

**850-932-6869**  
 Daytime Phone #

CR2E034 (9/01)