

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90141 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 669814

1. Entity Name
ASSOCIATED COMMUNICATIONS CABLE, INC.



Principal Place of Business
715 6TH ST W
BRADENTON, FL 34205 US

Mailing Address
715 6 ST W
BRADENTON, FL 34205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-2024508

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHRISTIENSEN, SCOTT R.
63 SARASOTA CENTER BLVD STE 107
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

Name **RENEE SILVA**

Street Address (P.O. Box Number is Not Acceptable)

715 6 ST W

City **BRADENTON**

FL

Zip Code **34205**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RENEE SILVA**

V-PRESIDENT

Pen in ink

6-10-03

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when appointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
RESHKE, ROBERT A.
8616 21ST AVE. N.W.
BRADENTON, FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
RESHKE, JOYCE A
8616 21ST AVE N.W.
BRADENTON, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
SILVA, RENEE
909 137 ST E
BRADENTON, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
SILVA, JAMES
909 137 ST E
BRADENTON, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pen in ink*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-03

Date

Daytime Phone #

941-748-4957

CR2E034 (10/02)