

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 822837

1. Entity Name

COAXIAL SYSTEMS, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90084 033 \*\*\*150.00

Principal Place of Business

700 ACKERMAN RD  
 SUITE 280  
 COLUMBUS OH 43202  
 US

Mailing Address

700 ACKERMAN RD  
 SUITE 280  
 COLUMBUS OH 43202-1524  
 US

2. Principal Place of Business

3. Mailing Address  
 5111 Ocean Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
 Suite C

City & State

City & State  
 Sarasota, Florida

4. FEI Number

59-1286904

Applied For

Not Applicable

Zip

Country

34242

Country

US

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

MCGILLICUDDY, DENNIS J.  
 5111 OCEAN BLVD  
 SARASOTA FL 33581

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, 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 ☐ Delete  
 NAME VD  
 STREET ADDRESS MCVOY, D STEVENS  
 CITY-ST-ZIP 5111 OCEAN BLVD  
 SARASOTA, FL 0

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

TITLE ☐ Delete  
 NAME PD  
 STREET ADDRESS MCGILLICUDDY, DJ  
 CITY-ST-ZIP 5111 OCEAN BLVD  
 SARASOTA, FL 0

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS SILVERSTEIN, BARRY  
 CITY-ST-ZIP 5111 OCEAN BLVD  
 SARASOTA, FL 0

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

TITLE ☐ Delete  
 NAME S  
 STREET ADDRESS SCHIAVO, MARJOUR  
 CITY-ST-ZIP 5111 OCEAN BLVD  
 SARASOTA, FL 0

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis J. McGillicuddy

4/25/2000

941-349-2770

Date

Daytime Phone #

CR2E034 (9/99)