

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90055 034 \*\*\*550.00

0034049 AV

**DOCUMENT # F97000004615**

1. Entity Name  
**DRAHTUOS CABLING, LTD., INC.**

Principal Place of Business  
**226 46TH TERRACE SE**  
**CAPE CORAL FL 33904**

Mailing Address  
**226 46TH TERRACE SE**  
**CAPE CORAL FL 33904**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**36-3830629**

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

**SOUTHARD, CRAIG**  
**226 46TH TERRACE SE**  
**CAPE CORAL FL 33904**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	CT	<input type="checkbox"/> Delete
NAME	SOUTHARD, DANA L	
STREET ADDRESS	226 46TH TERRACE SE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	CP	<input type="checkbox"/> Delete
NAME	SOUTHARD, R. MARK	
STREET ADDRESS	226 46TH TERRACE SE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOUTHARD, EILEEN C	
STREET ADDRESS	274 W. PLEASANT HILL BLVD.	
CITY-ST-ZIP	PALATINE IL 60067	
TITLE	V	<input type="checkbox"/> Delete
NAME	SOUTHARD, LARRY L	
STREET ADDRESS	274 W. PLEASANT HILL BLVD.	
CITY-ST-ZIP	PALATINE IL 60067	
TITLE	S	<input type="checkbox"/> Delete
NAME	SOUTHARD, DINI L	
STREET ADDRESS	4920 CHIQUITA, APT. 105	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VICE	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG SOUTHARD	
STREET ADDRESS	1826 SG BTHAVE	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Craig Southard* VICE PRESIDENT 941 573-2728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)