

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000569

1. Entity Name

CABLE ENGINEERING, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90005 004 \*\*\*150.00

Principal Place of Business

Mailing Address

1615 WEST WOOD AVE  
LOUISVILLE KY 40201

1615 WEST WOOD AVE  
LOUISVILLE KY 40201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3027 Hunsinger Lane

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 20816

Suite, Apt. #, etc.

City & State

Louisville, KY

City & State

Louisville, KY

4. FEI Number

61-0967458

Applied For

Not Applicable

Zip

40220

Country

USA

Zip

40250-0816

Country

USA

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

HOFF, KAY S  
515 N. FLAGLER DR, SUITE 200  
WEST PALM BEACH FL 33401

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	P	<input type="checkbox"/> Delete
NAME	LACY, PHILLIP M	
STREET ADDRESS	4230 RIVER RD	
CITY-ST-ZIP	LOUISVILLE KY 40207	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HOOVER, DANNY L	
STREET ADDRESS	1711 COLONY CT	
CITY-ST-ZIP	LOUISVILLE KY 40216	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZIEGLER, CYNTHIA S	
STREET ADDRESS	4230 RIVER RD	
CITY-ST-ZIP	LOUISVILLE KY 40207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	
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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:

*C. S. Ziegler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-00

Date

(502) 473-0035

Daytime Phone #

CF2E034 (9/99)