2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am G41920 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90057 045 ***158.75 CABLE COMMUNICATIONS AND ENGINEERING, INC. Mailing Address Principal Place of Business 4094 WHITEWATER RD 4094 WHITEWATER RD P. Q.BOX 1554 P. O.BOX 1554 VALDOSTA GA 31601 VALDOSTA GA 31601 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2293720 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired स्मित्र स्टब्स 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURNETT, GEORGE Street Address (P.O. Box Number is Not Acceptable) RT 1 BOX 201 MT HOREB RD. PINETTA FL 32350 Zip Code City 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) Change ☐ Addition ☐ Delete TITLE TITLE TOUCHTON, W. Q. JR. NAME NAME CR2E034 **4094 WHITEWATER RD** STREET ADDRESS STREET ADDRESS VALDOSTA GA CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TOUCHTON, WILLIAM K NAME NAME STREET ADDRESS STREET ADDRESS 4058 FENDER RD. VALDOSTA GA 31601 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME TOUCHTON, BRIAN K STREET ADDRESS STREET ADDRESS **4082 WHITE WATER RD** VALDOSTA GA 31601 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

William Q Touch tw JR