

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # H37230**1. Entity Name
CARRIER CABLE COMPANY, INC.

Principal Place of Business 19630 HIAWATHA RD. ODESSA FL 335563926 US	Mailing Address P.O. BOX 992 ODESSA FL 33556 US
---	---

2. Principal Place of Business 19630 HIAWATHA RD.	3. Mailing Address P.O. BOX 992
--	------------------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State ODESSA FL	City & State ODESSA FL
---------------------------	---------------------------

Zip 335563926	Country US	Zip 335560992	Country US
------------------	---------------	------------------	---------------

4. FEI Number
59-2485993
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**RAFALOSKI, ELIZABETH J.**
14344 WADSWORTH DR**ODESSA FL**
335569418**7. Name and Address of New Registered Agent**Name
RAFALOSKI ELIZABETH J
Street Address (P.O. Box Number is Not Acceptable)
14344 WADSWORTH DRCity
ODESSA FL Zip Code
335569418

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 **ELIZABETH J RAFALOSKI**

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

(NOTE: Registered Agent signature required when reinstating)

04/28/2001

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, 2001 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD RAFALOSKI, DENNIS 19630 HIAWATHA RD. ODESSA FL	<input type="checkbox"/> Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD RAFALOSKI, ELIZABETH J. 14344 WADSWORTH DR ODESSA FL	<input type="checkbox"/> Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD RAFALOSKI DENNIS 19630 HIAWATHA RD. ODESSA FL 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD RAFALOSKI ELIZABETH J 14344 WADSWORTH DR ODESSA FL 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
--	---	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

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: ELIZABETH J RAFALOSKI

T

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)