

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90666 030 \*\*\*150.00

DOCUMENT # J47225

1. Entity Name

*Pinewood Cables, Inc.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1991 Ambassador Ct.*

3. Mailing Address

*1991 Ambassador Ct.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*B0064421*

DO NOT WRITE IN THIS SPACE

City & State  
*Sunny Hills, FL*

City & State  
*Sunny Hills, FL*

4. FEI Number

*59-2787620*

Applied For

Not Applicable

Zip

*32428*

Country

*US*

Zip

*32428*

Country

*US*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*Beleckas, Withold*

Street Address (P.O. Box Number is Not Acceptable)

*1991 Ambassador Ct.*

City

*Sunny Hills*

FL

Zip Code

*32428*

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) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**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  
*D Beleckas, John R.  
1883 Madison St.  
Ridgewood, NY*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D Beleckas, Gene  
1991 Ambassador Ct.  
Sunny Hills, FL 32428*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D Mongoven, William J.  
105 S. 5th St.  
Chipley, FL 32428*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*ST Buczyrna, Emily  
2214 Quaker St.  
Sunny Hills, FL 32428*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D Beleckas, Withold  
1991 Ambassador Ct.  
Sunny Hills, FL 32428*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

*Withold Beleckas pres.*

*4/3/02*

*850-773-3333*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)