2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State
02-06-2002 90027 026 ***150.00

DOCUMENT # J98748

1. Entity Name
CABLE CRAFT, INC.

Principal Place of Business	Mailing Address
~~1420 SE 16TH PL~~ ~~SUITE 103~~ ~~CAPE CORAL FL 33990~~ US	~~1420 SE 16TH PL~~ ~~SUITE 103~~ ~~CAPE CORAL FL 33990~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1232 CAPE CORAL PKWY E.	1232 CAPE CORAL PKWY E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL, FLA	City & State: CAPE CORAL, FLA
Zip: 33904 Country: USA	Zip: 33904 Country: USA

4. FEI Number 65-0011414 ☐ Applied For ☐ Not Applicable

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
LUALLEN, DANIEL L JR 610 VICTORIA DR A202 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] 1-11-02
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DP LUALLEN, DANIEL J 610 VICTORIA DR A202 CAPE CORAL FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUALLEN, LYNN K 610 VICTORIA DR A202 CAPE CORAL FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: [signature] 1-11-02 9419452696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #