

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90779 010 ***158.75

DOCUMENT # K45548

1. Entity Name

~~INTERCONNECT CABLE TECHNOLOGY CORPORATION~~

INTERCONNECT CABLE TECHNOLOGIES CORPORATION

Principal Place of Business

16041 FLIGHT PATH DR.
 BROOKSVILLE FL 34604-6852

Mailing Address

16041 FLIGHT PATH DR.
 BROOKSVILLE FL 34604-6852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2915442

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

SEVALD, RANDY
2114 MAXIMILIAN AVE
SPRING HILL FL 34609

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, 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	P	<input type="checkbox"/> Delete
NAME	SEVALD, RANDY	
STREET ADDRESS	2114 MAXIMILIAN AVE	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	LAVERY, ELENORE	
STREET ADDRESS	1914 INNISBROOK CT	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	LAVERY, EDWARD	
STREET ADDRESS	1914 INNISBROOK CT	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	V	<input type="checkbox"/> Delete
NAME	OSGOOD, RICHARD	
STREET ADDRESS	14072 GREGORY ST	
CITY-ST-ZIP	SPRING HILL FL 34609	
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
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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:

Randy Sevald Randy Sevald 4-12-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)