

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
 03-05-2001 90286 026 ***158.75

DOCUMENT # L72216

1. Entity Name

CABLE READY INSTALLATION, INC.

Principal Place of Business

3029A REYNOLDS RD
 LAKELAND FL 33803
 US

Mailing Address

3029A REYNOLDS RD
 LAKELAND FL 33803
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P O Box 820

City & State

City & State

Homosassa Springs.

Zip

Country

Zip

Country

34447

CITRUS

4. FEI Number

59-3005335

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERIG, ELIZABETH C
 3029A REYNOLDS RD
 LAKELAND FL 33803

Name

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

7342 W Grover Cleveland Blvd

City

Homosassa

FL

Zip Code

34446

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 C Herig

President

2-28-2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS HERIG, ELIZABETH C.
 CITY-ST-ZIP 2766 PRESTWICK DR
 LAKELAND FL 33803

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 7342 W Grover Cleveland Blvd
 CITY-ST-ZIP Homosassa, FL 34446

TITLE ☒ Delete
 NAME D
 STREET ADDRESS HERIG, ROBERT C.
 CITY-ST-ZIP 2766 PRESTWICK DR
 LAKELAND FL 33803

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Elizabeth C Herig

Elizabeth C Herig, Pres

2-28-01

352-628-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)