

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90297 015 ***150.00

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DOCUMENT # P00000016806

1. Entity Name

CABLE RUNNERS, INC.



Principal Place of Business
606 BALD EAGLE DRIVE #500
MARCO ISLAND FL 34145

Mailing Address
606 BALD EAGLE DRIVE #500
MARCO ISLAND FL 34145

11010000



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

994 N. Burkhead Drive

3. Mailing Address

P.O. Box 1453

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Marco Island, FL

City & State
Marco Island, FL

4. FEI Number 59-3632439

Applied For
Not Applicable

Zip Country
USA

Zip Country
34146

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

WOODWARD, CRAIG R
WOODWARD, PIRES & LOMBARDO, P.A.
606 BALD EAGLE DRIVE - SUITE 500
MARCO ISLAND FL 34145

Name James Timmerman
Street Address (P.O. Box Number is not acceptable) 994 N. Burkhead Drive #19
City Marco Island FL Zip Code 34145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMMERMAN, JAMES E 831 PERRINE COURT MARCO ISLAND FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)