

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062405

1. Entity Name

TRIPLE R CABLE CONSTRUCTION, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90156 037 ***158.75

0023572

Principal Place of Business

4412 HOOD RD.
JACKSONVILLE FL 32257

Mailing Address

4412 HOOD RD.
JACKSONVILLE FL 32257

765664

2. Principal Place of Business

8859 Old Kings Rd South

Suite, Apt. #, etc.

6007

City & State

Jacksonville FL

Zip

32257

Country

U.S.

3. Mailing Address

8859 Old Kings Rd. South

Suite, Apt. #, etc.

6007

City & State

Jacksonville FL

Zip

32257

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3657076

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICE, JOSEPH L
8787 SOUTHSIDE BLVD., APT. 5017
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Joe Rice

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

12417 Jerneys Landing DR. EAST

City

Jacksonville

FL

Zip Code

32258

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

Joseph L Rice (President)

4-15-01

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

TITLE PD
NAME RICE, JOSEPH L
STREET ADDRESS 8787 SOUTHSIDE BLVD., APT. 5017
CITY-ST-ZIP JACKSONVILLE FL 32256

☐ Delete

TITLE VD
NAME RICE, JOSHUA E
STREET ADDRESS 8700 SOUTHSIDE BLVD., APT. 1208
CITY-ST-ZIP JACKSONVILLE FL 32256

☐ Delete

TITLE STD
NAME RICE, MARK A
STREET ADDRESS 4400 HOOD RD.
CITY-ST-ZIP JACKSONVILLE FL 32257

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President, Director
NAME Joseph L Rice
STREET ADDRESS 12417 Jerneys Landing DR E
CITY-ST-ZIP Jacksonville FL 32258

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME MARK A. Rice
STREET ADDRESS 8859 Old Kings Rd South Apt 6007
CITY-ST-ZIP Jacksonville FL 32257

☒ Change ☐ Addition

TITLE Director
NAME Edward L. Rice
STREET ADDRESS 12417 Jerneys Landing DR E.
CITY-ST-ZIP Jacksonville FL 32258

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Joseph L Rice

Joseph L Rice 4-15-01 (912) 399-3829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)