

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90024 037 ***150.00

DOCUMENT # P00000085756

1. Entity Name

ADVANCED ELECTRONIC CABLES, INC.

Principal Place of Business

530 SAWGRASS CIR
MELBOURNE FL 32940

Mailing Address

530 SAWGRASS CIR
MELBOURNE FL 32940

2. Principal Place of Business

4270 DOW ROAD

3. Mailing Address

4270 DOW ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 209

SUITE 209

City & State

MELBOURNE, FL.

City & State

MELBOURNE, FL.

Zip

32934

Country

USA

Zip

32934

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3669624

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

BOGDANSKI, ALAN J
1027 ELSFORD STREET NW
PALM BAY FL 32907

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

[Signature] / ALAN J. BOGDANSKI / C.F.O. JAN. 12, 2001

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	D	<input type="checkbox"/> Delete
NAME	BOONE, ALLAN D	
STREET ADDRESS	530 SAWGRASS CIR	
CITY-ST-ZIP	MELBOURNE FL 32940	
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"/> 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN J. BOGDANSKI	
STREET ADDRESS	1027 ELSFORD ST. N.W.	
CITY-ST-ZIP	PALM BAY, FL. 32907	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD CHRISTIAN	
STREET ADDRESS	18325 CYPRESS STAND	
CITY-ST-ZIP	TAMPA, FL. 33647	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINH GAYNOR	
STREET ADDRESS	3967 N. HARBOR CITY BLVD.	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] / ALAN J. BOGDANSKI / CFO 01/12/01 321-259-6340

Date

Daytime Phone #

CR2E034 (10/00)