

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90191 046 ***150.00

DOCUMENT # P01000101874

1. Entity Name
PRO CABLE EQUIPMENT, INC.



Principal Place of Business
**4534 HUNTING TRAIL
LAKE WORTH FL 33467**

Mailing Address
**4534 HUNTING TRAIL
LAKE WORTH FL 33467**

2. Principal Place of Business

**400 Royal Palm way
Suite, Apt. #, etc.
106**

3. Mailing Address

**400 Royal Palm way
Suite, Apt. #, etc.
106**

City & State
Palm Beach, FL

City & State
Palm Beach FL

Zip
33480

Country
USA

Zip
33480

Country
USA

4. FEI Number
65-1151729

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

**LIVELY, JOHN H
4534 HUNTING TRAIL 400 ROYAL PALM WAY
LAKE WORTH FL 33467 SUITE 106
PALM BEACH, FL. 33480**

Name

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

City

334

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. 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
4/29/03

**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 ☐ Delete
NAME **D. LIVELY, JOHN H**
STREET ADDRESS **4534 HUNTING TRAIL**
CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

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 **4/29/03** Daytime Phone #

CR2E034 (10/02)