

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90348 022 ***150.00

DOCUMENT # P01000107029

1. Entity Name

CAVEMAN CABLE INC.

Principal Place of Business

3303 JUNIPER DRIVE
 EDGEWATER FL 32141

Mailing Address

3303 JUNIPER DRIVE
 EDGEWATER FL 32141

2. Principal Place of Business

1105 S. Atlantic Ave.

3. Mailing Address

Po Box

Suite, Apt. #, etc.

Suite, Apt. #, etc.

121

City & State

New Smyrna Beach FL

City & State

New Smyrna Beach FL

Zip

Country

32169

US

Zip

32170

Country

US

4. FEI Number

59-3754545

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUNDELIUS, WALTER D
 5 NO BEST POINT
 INVERNESS FL 34450

7. Name and Address of New Registered Agent

Name John P York III

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

3303 Juniper Dr

City Edgewater

FL

Zip Code

32141

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

4-8-02

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, 2002 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 YORK, JOHN P III
 STREET ADDRESS 3303 JUNIPER DRIVE
 CITY-ST-ZIP EDGEWATER FL 32141

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPD
 NAME Jason Wilke
 STREET ADDRESS 682 Turtle mound Rd
 CITY-ST-ZIP New Smyrna Beach FL 32169

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-02

386 3143358

CR2E034 (9/01)