

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90121 048 \*\*\*150.00

**DOCUMENT # P01662**

1. Entity Name  
**FIBER CABLE, INC.**



Principal Place of Business  
**6650 W. INDIAN TOWN RD  
SUITE 120  
JUPITER FL 33458  
US**

Mailing Address  
**6650 W. INDIAN TOWN RD  
SUITE 120  
JUPITER FL 33458  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**63-0855797**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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. 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 **P** ☐ Delete  
NAME **DOW, WILLIAM**  
STREET ADDRESS **6650 W. INDIAN TOWN RD**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **ASST TREASURER** ☐ Change ☒ Addition  
NAME **SAM M. MILAZZO**  
STREET ADDRESS **6650 W. INDIAN TOWN RD**  
CITY-ST-ZIP **JUPITER, FL. 33458**

TITLE **VP** ☐ Delete  
NAME **MAUSFIELD, PATRICK**  
STREET ADDRESS **6650 W. INDIAN TOWN RD**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **VP** ☒ Change ☐ Addition  
NAME **MAUSFIELD, PATRICK**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **TILLER, MARC**  
STREET ADDRESS **4440 PGA BOULEVARD, SUITE 600**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **RICHARD DUNN**  
STREET ADDRESS **4440 PGA BLVD SUITE 600**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 334**

TITLE **VPD** ☐ Delete  
NAME **NIELSEN, STEVEN**  
STREET ADDRESS **440 PGA BLVD #500**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **DUNN, RICHARD**  
STREET ADDRESS **4440 FLA BLVD STE. 600**  
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **ADAMS, LOUIS JR**  
STREET ADDRESS **4440 PGA BLVD. SUITE 600**  
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE  
NAME  
STREET ADDRESS  
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:

**SAM M. MILAZZO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03

Date

561-744-8662 x204

Daytime Phone #

CR2E034 (10/02)