

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91802 033 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

11042018

DOCUMENT # P02000010114					
1. Entity Name WESTIN CABLE CONSTRUCTORS, INC. ✓					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 5065 HOMASASSA TRAIL Suite, Apt. #, etc.			3. Mailing Address P O BOX 68 Suite, Apt. #, etc.		
City & State LECANTO FL			City & State LECANTO FL		
Zip 34460		Country US		4. FEI Number 03-0384421	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE					
7. Name and Address of Current Registered Agent					
Name PELLICER, CHARLES E ESO					
Street Address (P.O. Box Number is Not Acceptable) 28 CORDOVA ST.					
City ST AUGUSTINE FL					
Zip Code 32084					
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					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$51.25 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D JOBE, RICHARD 5065 HOMASASSA TRAIL LECANTO, FL 34460		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>X [Signature]</i> 4-28-03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E0345 (1202)