

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90125 010 ***150.00

0592281 AV

DOCUMENT # P02000071835

1. Entity Name
RESIDENTIAL CABLEING SOLUTIONS, INC.



Principal Place of Business
**2246 PINK GRAPEFRUIT TRAIL
CLERMONT FL 34711**

Mailing Address
**2246 PINK GRAPEFRUIT TRAIL
CLERMONT FL 34711**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0644414

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEAMON, WILLIAM
2246 PINK GRAPEFRUIT TRAIL
CLERMONT FL 34711**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SIMMS, MICHAEL
2246 PINK GRAPEFRUIT TRAIL
CLERMONT FL 34711

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEAMON, WILLIAM
2246 PINK GRAPEFRUIT TRAIL
CLERMONT, FL 34711-8014

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MATEO, LUIS
2246 PINK GRAPEFRUIT TRAIL
CLERMONT FL 34711

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SIMMS, MICHAEL
2246 PINK GRAPEFRUIT TRAIL
CLERMONT, FL 34711-8014

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BAILEY, TROY
2246 PINK GRAPEFRUIT TRAIL
CLERMONT FL 34711

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T
MATEO, LUIS
2246 PINK GRAPEFRUIT TRAIL
CLERMONT, FL 34711-8014

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LEAMON, WILLIAM
2246 PINK GRAPEFRUIT TRAIL
CLERMONT FL 34711

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

William Leamon **WILLIAM LEAMON** **4-20-2003** **407-375-2269**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)