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

Mailing Address

P02000085766 DOCUMENT

1. Entity Name

Principal Place of Business

COASTAL CABLE ASSEMBLIES & COMPONENTS, INC.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90951 010 ***150.00

1861 S. PATRICK DRIVE 1861 S. PATRICK DRIVE SUITE 161 SUITE 161 INDIAN HARBOR DRIVE FL 32937 INDIAN HARBOR DRIVE FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 43 - 1970686 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUGHES, THERESA M Street Address (P.O. Box Number is Not Acceptable) 1861 S. PATRICK DRIVE SUITE 161 : INDIAN HARBOR DRIVE FL 32937 City 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 in 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. resident **Addition** Delete TITLE TITLE ☐ Change Judith Permanente HUGHES, THERESA M NAME NAME 3246 Argo Ct. Indialantic , fi STREET ADDRESS 427 COOLIDGE ROAD NE STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP CITY-ST-ZIP 32903 ice President ☐ Delete TITLE □ Change Addition TITLE Catherine P. Webb NAME NAME 2080 Belmont Way STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z!P Melbourne, FU 32904 Secretary Theresa Hughes 2886 Roven Ave. Change Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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