

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/15/2003-90156-003-\$550.00-\$550.00

0142364 AT

DOCUMENT # P02000087744

1. Entity Name  
JMB CABLE MAN, INC.



FILED

03 OCT -9 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
9613 SCOT ST  
HUDSON FL 34669

Mailing Address  
9613 SCOT ST  
HUDSON FL 34669

2. Principal Place of Business  
9613-SCOT ST

3. Mailing Address  
9613-SCOT ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
HUDSON FL

City & State  
HUDSON FL

4. FEI Number  
270025922

Applied For  
Not Applicable

Zip  
34669 Country  
FLA

Zip  
34669 Country  
FLA

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

BENNETT, JAMES G  
9613 SCOT ST  
HUDSON FL 34669

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 *James G. Bennett*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
9/4/03

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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 OFF  
NAME JAMES G. BENNETT ☐ Delete  
STREET ADDRESS 9613-SCOT ST  
CITY-ST-ZIP HUDSON FL 34669

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DIRECTOR  
NAME JAMES G. BENNETT ☐ Delete  
STREET ADDRESS 9613-SCOT ST  
CITY-ST-ZIP HUDSON FL 34669

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*James G. Bennett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
9/4/03

Daytime Phone #

CR2E034 (4/03)