

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


FILED
Jul 30, 2003 8:00 am
Secretary of State

07-07-2003 90306 048 ***150.00

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DOCUMENT # P02000124132

1. Entity Name
HBL Cable Services Corp.



DO NOT WRITE IN THIS SPACE

55052755

2. Principal Place of Business
9202 Olmstead Dr.

3. Mailing Address
9202 Olmstead Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Worth, FL

City & State
Lake Worth, FL

4. FEI Number
27-0037447

Applies For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip
33467

Country
USA

Zip
33467

Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Lawrence B. Hawkins

Street Address (P.O. Box Number is Not Acceptable)
9202 Olmstead Dr.

City
Lake Worth

FL

Zip Code
33467

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 fee if applicable. (NOTE: Registered Agent signature required when filing UBR.)

DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lawrence B. Hawkins 9202 Olmstead Drive Lake Worth, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/03 561-968-3238

Daytime Phone #

Attachment #
55052755
PO2060124132

HBL Cable Services Corporation
9202 Olmstead Drive
Lake Worth, FL 33467
561-968-3238 Phone
561-968-3687 Fax

HBL Cable Services Corporation

May 23, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: HBL Cable Services Corporation EIN Number 27-0037447

To Whom It May Concern:

Per a conversation with one of your representatives, we are notifying you that we did not receive our 2003 Uniform Business Reports to file prior to the May 1st deadline. We are also requesting that any additional fees be waived.

We were also instructed to obtain the forms online and to complete them and attach with this letter.

Please contact either Stacy Roherty or myself at 561-968-3238 if you should have any questions.

Respectfully,

Tina M. Hawkins

Cc. File

Where Building Relationships is Key