

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

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90181 006 ***150.00

DOCUMENT # P04000040608

1. Entity Name

FASANARO'S Cable Industry Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1350 Maywood Ave

Suite, Apt. #, etc.

3. Mailing Address

1350 Maywood Ave

Suite, Apt. #, etc.

City & State

Deltona

City & State

FL

Zip

Country

Volusia

Zip

32725

Country

4. FEI Number

84-0627896

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

50044795

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Christopher FASANARO

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

1350 Maywood Ave

City

Deltona FL

FL

Zip Code

32725

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 \$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

President
Christopher FASANARO
1350 Maywood Ave
Deltona FL 32725

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V.P.
Thomas FASANARO
1350 Maywood Ave
Deltona FL 32725

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Stephen FASANARO
1350 Maywood Ave
Deltona FL 32725

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
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TITLE

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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:

Christopher FASANARO

Christopher FASANARO

Date

Daytime Phone #

CR2E034B (12/02)