

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000077363

Entity Name: CUBBEDGE'S SPLICING, INC.

FILED
Jul 15, 2008
Secretary of State

Current Principal Place of Business:

8675 S. W. 27TH AVE.
OCALA, FL 34476

New Principal Place of Business:

4910 SW 45TH ST.
OCALA, FL 34474

Current Mailing Address:

8675 S. W. 27TH AVE.
OCALA, FL 34476

New Mailing Address:

4910 SW 45TH ST.
OCALA, FL 34474

FEI Number: 20-1131862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUBBEDGE, ADAM M
8675 S. W. 27TH AVE.
OCALA, FL 34476 US

Name and Address of New Registered Agent:

CUBBEDGE, ADAM M
4910 SW 45TH ST.
OCALA, FL 34474 US

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.

SIGNATURE: ADAM M CUBBEDGE

07/15/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CUBBEDGE, ADAM
Address: 8675 S. W. 27TH AVE.
City-St-Zip: Ocala, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CUBBEDGE, ADAM
Address: 4910 SW 45TH ST.
City-St-Zip: Ocala, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM M CUBBEDGE

MGR

07/15/2008

Electronic Signature of Signing Officer or Director

Date