

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05169

1. Entity Name

CABLE CONSULTANTS, INCORPORATED

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90018 028 \*\*\*150.00

Principal Place of Business

3850 PEACHTREE IND BLVD  
P. O. BOX 48551  
DULUTH GA 30136  
US

Mailing Address

P O BOX 48551  
P. O. BOX 48551  
ATLANTA GA 30362  
US

908772



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2707 Main St.

3. Mailing Address

2707 Main St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Duluth, GA 30096

City & State

Duluth, GA 30096

Zip

Country

30096

US

Zip

Country

US

4. FEI Number 58-1414437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME BOSTWICK, GREGORY L  
STREET ADDRESS 6480 TRUDY DRIVE  
CITY-ST-ZIP FLOWERY BRANCH A

TITLE President ☒ Change ☐ Addition  
NAME Michael D. Sullivan  
STREET ADDRESS 2707 Main St.  
CITY-ST-ZIP Duluth, GA 30096

TITLE STD ☒ Delete  
NAME JONES, MICHAEL WAYNE  
STREET ADDRESS 1057 WILEY BRIDGE ROAD  
CITY-ST-ZIP WOODSTOCK GA

TITLE CFO ☒ Change ☐ Addition  
NAME Tim McCarty  
STREET ADDRESS 2707 Main St.  
CITY-ST-ZIP Duluth, GA 30096

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  
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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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael D Sullivan*

Michael D. Sullivan

1/18/01

678-475-5523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)