## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P93000020536

1. Entity Name



## **FILED** Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90148 020 \*\*\*150.00

AMERICAN CABLE & DATA SUPPLY, INC.									
Principal Place of Business 4558 SW 35TH STREET STE. 200 ORLANDO FL 32811 US 2. Principal Place of Business		Mailing Address 4558 SW 35TH STREET STE. 200 ORLANDO FL 32811 US							
2. Principal F	Place of Business	3. Mailing Address				1 (181128) 118 16168 (1111	F # # #		i (1)(1 <b>2 0</b> )() (00)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-3170272 Applied For Not Applicable				
Zip	Country	Zip	Coun	try	<b>5.</b> Cer	tificate of Status De	sired	\$8.75 Add	
,	6. Name and Address of Curren	t Registered Agent			7. Nar	ne and Address of	New Registered	Agent	
DAVIS, JO	DYCE GORE ROAD	• • • • • • • • • • • • • • • • • • • •	Name Street Addre			(P.O. Box Number is Not Acceptable)			
	) FL 32819		9041				news 5	Zip Cod	e
O The shows				Wind		rere	FL	34	786
	named entity submits this statement fi tions of registered agent.	or the purpose of chang	Jing its registere	ea office or register	red agent				and accept
SIGNATURE	Signature, typed of printed yarne of registered agen	t and title if applicable.	(NOTE: Registere	d Agent signature required	d when reinsta		3-28-C	>3_	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	of State				9. Election Campa Trust Fund Con		\$5.0 Added	May Be
10.	OFFICERS AND	DIRECTORS	11.		ADDIT	TIONS/CHANGES T	O OFFICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JOYCE 9838 KILGORE RD. ORLANDO FL 32819	☐ Delete	NAM! Stre					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	, nami stre					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAMI STRE	1	ether and i	:,	- sa	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	nami Stre	1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STRE					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	name Strei					☐ Change	Addition

I hereby certify that the information supplied with this filling 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:** 

Daytime Phone