

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90012 024 ***158.75

DOCUMENT # 93000034056

1. Entity Name

ACTION WIRE & CABLE CORP (U)

Principal Place of Business

Mailing Address

4802 Distribution Court - Unit 2
Orlando FL 32822 USA

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number

11-3159208

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

00061297

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Rosie N. Branciforte
4802 Distribution Court - Unit 2
Orlando FL 32822

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 retreating)

DATE

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>CEO/PRESIDENT</u> ☒ Delete <u>SANET L MONACO</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VPIs</u> ☒ Delete <u>Rosie Branciforte</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RSM</u> ☐ Delete <u>BERT POLTE</u> <u>(Same as above)</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RSM</u> ☐ Delete <u>FRANK KLEEMAN</u> <u>(Same as above)</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CEO/PRESIDENT</u> ☒ Change ☒ Addition <u>ROSIE N. BRANCI FORTE</u> <u>(Same as above)</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 reports 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/01

407 384 8000

Card

Signature Printing

CP00034 (11/00)