

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
 04-19-2000 90030 016 ***150.00

DOCUMENT # P94000086863

1. Entity Name

BURTS CABLE SERVICES, INC.

Principal Place of Business

821 N.E. 32ND COURT
 POMPANO BEACH FL 33064

Mailing Address

821 N.E. 32ND COURT
 POMPANO BEACH FL 33064-5363



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4211 NE 22 Ave
 Suite, Apt. #, etc. #10

3. Mailing Address

4211 NE 22 Ave
 Suite, Apt. #, etc. #10

City & State

Lighthouse Point FL
 Zip 33064 Country USA

City & State

Lighthouse Point FL
 Zip 33064 Country USA

4. FEI Number

65-0548472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOWMAN, BURT
 821 N.E. 32ND COURT
 POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

Bowman Burt

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

4211 NE 22 Ave #10

City

Lighthouse Point FL

Zip Code

33064

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

4/5/00

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, 2000 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

TITLE D
 NAME BOWMAN, BURT
 STREET ADDRESS 821 NE 32 COURT
 CITY-ST-ZIP POMPANO BEACH FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME Bowman Burt
 STREET ADDRESS 4211 NE 22 Ave
 CITY-ST-ZIP Lighthouse Point, FL 33064

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/00 954 781-9774

CR2E034 (9/99)