

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000007618

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: SUPERIOR CABLE INSTALLATIONS, INC.

Current Principal Place of Business:

13724 ML KING BLVD
DOVER, FL 33527 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2338
RIVERVIEW, FL 33568

New Mailing Address:

FEI Number: 65-0570043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOLENSKI, FRANK
908 HILLRISE DRIVE
BRANDON, FL 33510 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MANNING, LARRY
Address: 13724 HWY 574
City-St-Zip: DOVER, FL 33527

Title: VT () Delete
Name: VOLENSKI, FRANK
Address: 908 HILLRISE DRIVE
City-St-Zip: BRANDON, FL 33510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LARRY MANNING

P

05/01/2002

Electronic Signature of Signing Officer or Director

_____ Date