

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90361 034 ***150.00

DOCUMENT # P95000040753

1. Entity Name
SOUTHWEST FLORIDA CABLE CONSTRUCTION, INC.



Principal Place of Business
**4240 C JAMES ST
UNITS 10 AND 11
PORT CHARLOTTE FL 33980
US**

Mailing Address
**P.O. BOX 494864
PORT CHARLOTTE FL 33949-4864**

2. Principal Place of Business
4241 James Street
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Port Charlotte, FL
Zip
33980
Country
US

City & State
Zip
Country

4. FEI Number
65-0593750

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BATSEL, MCKINLEY, ITTERSAGEN & GUNDERSON
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WILLIAMS, THERESA D
2482 MOCKINGBIRD ST
PORT CHARLOTTE FL 33948** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WILLIAMS, KEVIN L
2482 MOCKINGBIRD ST
PORT CHARLOTTE FL 33948** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1309 Liggett Circle
Port Charlotte FL 33953** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1309 Liggett Circle
Port Charlotte FL 33953** ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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 #

CR2E034 (10/02)