

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

DOCUMENT # P95000076348

1. Entity Name

TELECABLE, INC.



FILED

03 APR 25 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 N. HIGHLAND AVE.

Suite, Apt. #, etc.

SUITE 200

City & State

ORLANDO, FL

3. Mailing Address

800 N. HIGHLAND AVE.

Suite, Apt. #, etc.

SUITE 200

City & State

ORLANDO, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3340240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

B&C CORPORATE SERVICES OF CENTRAL FL, INC.

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

390 NORTH ORANGE AVE., SUITE 1100

City ORLANDO

FL

Zip Code
32801

**DO NOT WRITE
IN THIS SPACE**

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 filing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
VT
KROPP, STEVEN G.
800 N. HIGHLAND AVE., SUITE 200
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
CARLTON, CHARLES S.
800 N. HIGHLAND AVE., SUITE 200
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V,A/S
MCKINNEY, EUGENE J.
800 N. HIGHLAND AVE., SUITE 200
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 #

Steven G. Kropp
Steven G. Kropp, Vice President

4-18-13

407/297-1600

CR2E034B (12/02)