

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 03, 2001 8:00 am
Secretary of State

04-16-2001 90276 024 ***150.00

DOCUMENT # P95000089745

1. Entity Name

AMERICAN CABLE ELECTRONICS SOUTH, INC.

Principal Place of Business

31116-C FAIRVIEW AVE
TAVARES FL 32778
US

Mailing Address

3116-C FAIRVIEW AVE
TAVARES FL 32778
US

00037577



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Blueberry Hill 1
33240 Ryan Drive #50

3. Mailing Address

Blueberry Hill 1
Suite, Apt. #, etc.
33240 Ryan Drive #50

City & State

Leesburg, FL

City & State

Leesburg FL

4. FEI Number

59-3354579

Applied For

Not Applicable

Zip

34788

Country

Lake

Zip

34788

Country

Lake

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLER, EDWARD H.
31116-C FAIRVIEW AVENUE
TAVARES FL 32778

7. Name and Address of New Registered Agent

Name

Keller, Barbara T

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

Blueberry Hill 1

33240 Ryan Drive #50

City

Leesburg

FL

Zip Code

34788

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

Ed Keller VICE PRESIDENT 4/27/01

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	KELLER, EDWARD H	
STREET ADDRESS	75 HADLOCK POND RD.	
CITY-ST-ZIP	FORT ANN NY 12827	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Ed Keller EDWARD H KELLER

04/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)