

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000097054

Entity Name  
DATA CABLERS, INC.

FILED  
May 03, 2000 8:00 am  
Secretary of State  
05-03-2000 90073 010 \*\*\*150.00

Principal Place of Business MANATEE DR FL 33570	Mailing Address P O BOX 787 RUSKIN FL 33570-0787
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Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 511 Manatee Drive SW Suite, Apt. #, etc. City & State Ruskin FL Zip 33570
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3367031	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
TICHY, DAWN  
511 MANATEE DR  
RUSKIN FL 33570

7. Name and Address of New Registered Agent  
Name  
Donald Tichy  
Street Address (P.O. Box Number is Not Acceptable)  
511 Manatee Drive SW  
City  
Ruskin FL  
Zip Code  
33570

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, typed or printed name of registered agent and title if applicable  
DATE  
4/24/00

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
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P TICHY, DONALD 511 MANATEE DR RUSKIN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Donald Tichy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
4/24/00  
Daytime Phone #  
813-649-1700

CR2E034 (9/99)