

2001 UNIFORM BUSINESS REPORT (UBR) Amended

DOCUMENT # P96000028759

1. Entity Name

CABLE OPTIONS INC

Principal Place of Business

Mailing Address

10801-SE 146 Terrace Rd Box 2009
Ocklawaha Fl. Silver Springs Fl
32179 34489

2. Principal Place of Business

Ocklawaha

3. Mailing Address

Box 2009

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10801-SE 142nd Terrace Rd

City & State

Ocklawaha FL

City & State

Silver Springs FL

Zip

Country

32179

USA

Zip

Country

34489

USA

4. FEI Number

59-3367158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENIS MATWYCHUK
10801-SE 146 Terrace Rd
Ocklawaha Fl. 32179

Name

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

600004609706-3

-09/25/01--01017--005

City

*****61. FL

*****61.25

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

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

(NOTE: Registered Agent 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 ☐ Delete
NAME President
STREET ADDRESS DENIS P. MATWYCHUK
CITY-ST-ZIP Box 2009- Silver Springs FL

TITLE ☐ Delete
NAME Vice-President
STREET ADDRESS Gerald Woomer
CITY-ST-ZIP 10801-SE 142 Terrace Rd Ocklawaha FL 32179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-19-01 352-895-7087

Date

Daytime Phone #

CR2E034 (11/00)