

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

DOCUMENT # **P96000028759**

1. Entity Name

**CABLE OPTIONS INC**

APPROVED  
AND  
FILED

02 JAN 30 PM 3:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**102 S LANE AVE**

3. Mailing Address

**Box 2009**

Suite, Apt. #, etc.

**Jacksonville**

Suite, Apt. #, etc.

**Silver Springs**

City & State

**Jacksonville Florida**

City & State

**Silver Springs Florida**

Zip

**32254**

Country

**Dual**

Zip

**34489**

Country

**USA**

4. FEI Number

**59-3367158**

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

**DENIS MATWYCHUK**

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

**102 S. LANE AVE**

City

**Jacksonville**

FL

Zip Code

**32254**

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

*Denis Matwychuk*

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **President**  
NAME **DENIS Peter MATWYCHUK**  
STREET ADDRESS **Box 2009**  
CITY-ST-ZIP **Silver Springs FL 34489**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**400004913204--2**  
**-02/13/02--01018--024**  
**\*\*\*\*158.75 \*\*\*\*158.75**

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

*Denis Matwychuk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-30-02 352-895-7087**

Date

Daytime Phone #

CR2E034B (12/01)