

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053756

1. Entity Name

A & R CABLE SERVICES INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90097 027 ***550.00

Principal Place of Business

1761 NW 46TH AVE
APT. D-202
LAUDERHILL FL 33313
US

Mailing Address

1761 NW 46TH AVENUE
APT. D-202
LAUDERHILL FL 33313-4941
US

2. Principal Place of Business

7832 Stephenson Dr.

3. Mailing Address

7832 Stephenson Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32211

Country

USA

Zip

32211

Country

USA

4. FEI Number

65-0682662

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

WOOLLERY, ANTHONY
4510 NW 36TH ST, APT #211
LAUDERDALE LAKES FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)
7832 Stephenson Dr.

Jacksonville, Florida

City

FL

Zip Code

32211

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

Anthony Woollery

06-14-00

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | WOOLLERY, ANTHONY | |
| STREET ADDRESS | 1761 NW 46TH AVE #D-202 | |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WOOLLERY, ROSETTA | |
| STREET ADDRESS | 1761 NW 46TH AVE, #D-202 | |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | |
| 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 | | |

| | | |
|----------------|------------------------|---|
| TITLE | President | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Anthony Woollery | |
| STREET ADDRESS | 7832 Stephenson Dr. | |
| CITY-ST-ZIP | Jacksonville, FL 32211 | |
| TITLE | Director | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Rosetta Woollery | |
| STREET ADDRESS | 7529 Dalhurst Dr. | |
| CITY-ST-ZIP | Jacksonville, FL 32277 | |
| 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:

Anthony Woollery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Woollery

06-14-00

Date

Daytime Phone #

CR2E034 (9/99)