

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000053756**

1. Entity Name

A & R CABLE SERVICES INC.**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90418 050 ***150.00

Principal Place of Business

**7832 STEPHENSON DR
JACKSONVILLE FL 32211
US**

Mailing Address

**7832 STEPHENSON DR
JACKSONVILLE FL 32211
US**

002951



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

78 Stephenson Dr,

3. Mailing Address

78 Stephenson Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

65-0682662

Applied For

Not Applicable

Zip

32211

Country

USA

Zip

32211

Country

USA5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

WOOLLERY, ANTHONY

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

7832 Stephenson Dr.

City

Jacksonville

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

Signature, typed or printed name of registered agent; and if not applicable,

(NOTE: Registered Agent signature required when re-issuing)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Woollery, Anthony	
STREET ADDRESS	7823 Stephenson Dr,	
CITY-ST-ZIP	Jacksonville, Florida 32211	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Woollery, Rosetta	
STREET ADDRESS	7529 Dalhurst Drive	
CITY-ST-ZIP	S. Jacksonville, Florida 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		

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

Date

Daytime Phone #

CR2E034 (10/00)