

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030955

1. Entity Name

SYS-TECH CABLING INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90042 005 ***150.00

Principal Place of Business

Mailing Address

4532 W. KENNEDY BLVD
STE 303
TAMPA FL 33609

P O BOX 100197
PALM BAY FL 32910-0197

2. Principal Place of Business

3. Mailing Address

491 RALEIGH ROAD SE

491 RALEIGH ROAD SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM Bay, FLORIDA

City & State

PALM Bay, FLORIDA

Zip

Country

32909 US

Zip

Country

32909

4. FEI Number

59-3446686

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

Name

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

City

FL

Zip Code

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

Keith Daly KEITH DALY

04/20/00
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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	WOODS, TIMOTHY	
STREET ADDRESS	4532 W. KENNEDY BLVD #313	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILSON, KEVIN	
STREET ADDRESS	4532 W. KENNEDY BLVD #313	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	S	<input type="checkbox"/> Delete
NAME	WOODS, TIMOTHY	
STREET ADDRESS	4532 W. KENNEDY BLVD #313	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	T	<input type="checkbox"/> Delete
NAME	DALY, KEITH	
STREET ADDRESS	4532 W. KENNEDY BLVD #313	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	491 RALEIGH Road, SE
CITY-ST-ZIP	Palm Bay, FL 32909
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	491 RALEIGH Road SE
CITY-ST-ZIP	Palm Bay, FL 32909
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	491 RALEIGH Road SE
CITY-ST-ZIP	Palm Bay, FL 32909
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	491 RALEIGH Road SE
CITY-ST-ZIP	Palm Bay, FL 32909
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:

Keith Daly KEITH DALY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/00
Date

312 346 2150
Daytime Phone #

CR2E034 (9/99)