

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90295 039 \*\*\*150.00

**DOCUMENT # P97000072781****1. Entity Name**  
**RIDDLE CABLE SPLICING, INC.****Principal Place of Business****2872 GORDON STREET**  
**NAPLES FL 34112****Mailing Address****2872 GORDON STREET**  
**NAPLES FL 34112****2. Principal Place of Business****9328 PITT ROAD**

Suite, Apt. #, etc.

**BONITA SPRINGS, FL.**

City &amp; State

**3. Mailing Address****9328 PITT ROAD**

Suite, Apt. #, etc.

City &amp; State

**BONITA SPRINGS, FL.**

Zip

**34135**

Country

**USA**

Zip

**34135**

Country

**USA****6. Name and Address of Current Registered Agent****RIDDLE, JAMES R**  
**2872 GORDON STREET**  
**NAPLES FL 34112****7. Name and Address of New Registered Agent**

Name

**SAME**

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

**9328 PITT ROAD**

City

**BONITA SPRINGS, FL**

Zip Code

**34135****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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RIDDLE, JAMES R</b>	
STREET ADDRESS	<b>2872 GORDON STREET</b>	
CITY-ST-ZIP	<b>NAPLES FL 34112</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIDDLE, JAMES R.</b>	
STREET ADDRESS	<b>9328 PITT ROAD</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS, FL. 34135</b>	
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:****James R Riddle**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1-25-01 941-948-7245**

Daytime Phone #

CR2E034 (10/00)