2002	UNIFORM BUSINESS	REPORT	(UBR)

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DOCUMENT # P9700098527 1. Entity Name ACTIVE CABLING INC.							Ç	ILE	D			5711 AV
Principal Place of Business 83 WALDON RD. CRAWFORDVILLE FL 32327			Mailing Address 83 WALDON RD. CRAWFORDVILLE FL 32327				O2 AFR 12 PM 2: 59 SECRETARY OF STATE TALLAHASSEE. FLORIDA					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State			City & State		4 . F	60-2000017			plied For t Applicable	}		
Zip		Country	Zip	Coun	try	<u>.</u>	Certificate of S			8.75 Add ee Require		
	6. Name	and Address of Current Re	egistered Agent		Name	7. N	lame and Add	iress of New R	egistered A	gent		4
SHYLKOFSKI, AL					tress (P.O. B	ox Number is	Not Acceptable)			$\frac{1}{1}$	
83 WALDO		00007										1
CHAWFU	rdville fl	3232/			City				FL	Zip Code	e	$\frac{1}{2}$
8. The above	e named entit	y submits this statement for the	ne purpose of changing its	registere	ed office or re	egistered age	ent or both in	the State of Flo		İ		1
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SIGNATURE	Signature typed	or printed name of registered agent and	title if analicable /NOTE	Posietara	d Agent signature	societad uban sa	instation		DATE			
			T		1		nstating)		DATE			ł
Tax filing	-	ible to satisfy its Intangible and elects to do so.	FILE NOW! After May 1, 200 Make Check Payab	02 Fee	will be \$550	0.00		n Campaign Fina und Contribution			O May Be to Fees	
11.		OFFICERS AND DI	1.	12.	,		L DITIONS/CHA	NGES TO OFFI	CERS AND I	DIRECTORS	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1515 PAU	RRY KEITH L RUSSELL RD. #42 SSEE FL 32301	☐ Delete				300	00 <u>05</u> 4		□ Change	☐ Addition —— 1	72E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHYLKOFS 83 WALDO	SKI, AL	☐ Delete					00054 -05/06/ ****19	70201 50.00	Tichange *****15	Addition	CR.
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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.

IGNATURE:

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