

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

0057435 AV

DOCUMENT # P98000015888

1. Entity Name

L. B. & L. CABLE OF FLORIDA, INC.

02-07-2002 90027 028 ***150.00

Principal Place of Business

1300 N. FLORIDA MANGO RD.
 #7
 WEST PALM BEACH FL 33409

Mailing Address

1300 N. FLORIDA MANGO RD.
 #7
 WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

1501 SE 4th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite D

City & State

City & State

MOORE, OK

Zip

Country

Zip

Country

73160

USA

4. FEI Number

65-0819649

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

ELLIS, JIM

910 HOLLYWOOD BLVD.

HOLLYWOOD FL 33019

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

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, 2002 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 PS
 NAME DAVIS, LAWRENCE A
 STREET ADDRESS 1501 SE 4TH ST STE E
 CITY-ST-ZIP MOORE OK 73160 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
 NAME ELLIS, JIM
 STREET ADDRESS 910 HOLLYWOOD BLVD.
 CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption 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

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/25/02 405-799-9974

Date

Daytime Phone #

CR2E034 (9/01)