

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076744

1. Entity Name
AAA COMMUNICATIONS & CABLE INSTALLATION, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90053 014 ***150.00

Principal Place of Business
6521 ANGUS DRIVE
LAKELAND FL 33809
US

Mailing Address
332 E DAUGHTERY ROAD
LAKELAND FL 33809
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
103 Patterson Drive
Suite, Apt. #, etc.

3. Mailing Address
103 Patterson Dr
Suite, Apt. #, etc.

City & State
Auburndale FL
Zip 33823
Country POL

City & State
Auburndale FL
Zip 33823
Country POL

4. FEI Number 59-3529316
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HADDIX, SHAWN W
332 E DAUGHTERY ROAD
LAKELAND FL 33809

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
103 Patterson Drive
City Auburndale FL Zip Code 33823

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P HADDIX, WILLIAM S	<input type="checkbox"/> Delete	TITLE	P HADDIX, WILLIAM S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6521 ANGUS DRIVE		NAME	1374 wingate Dr	
STREET ADDRESS	LAKELAND FL 33810		STREET ADDRESS	Lakeland FL 33823	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: W Shawn Haddix 4/24/01 8635871868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0376471

CR2E034 (10/00)