

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90472 013 ***150.00

DOCUMENT # P98000088826

1. Entity Name

UNIQUE CABLE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

90039338

2. Principal Place of Business
4405 CLAY STREET

Suite, Apt. #, etc.

3. Mailing Address
4405 CLAY STREET

Suite, Apt. #, etc.

City & State
ZEPHYRHILLS, FL

Zip
33540

Country

City & State
ZEPHYRHILLS, FL

Zip
33540

Country

4. FEI Number
59-3537764

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
JOHN J. MAASS

Street Address (P.O. Box Number is Not Acceptable)
4405 CLAY STREET

City
ZEPHYRHILLS FL Zip Code
33540

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	D JOHN J. MAASS 4405 CLAY STREET ZEPHYRHILLS, FL 33540	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D G. GERALD STEVENS, JR. 7897 98TH STREET N. LARGO, FL 33775	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-03 813-713-1040

Date

Daytime Phone #

CR2E034B (12/01)