

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90334 041 ***150.00

DOCUMENT # P98000105652

1. Entity Name

AUTOMATIC COAX AND CABLE, INC.



Principal Place of Business

**102 COASTLINE ROAD
SANFORD FL 32771**

Mailing Address

**102 COASTLINE ROAD
SANFORD FL 32771**

2. Principal Place of Business

4060 ST JOHNS PKWY

3. Mailing Address

4060 ST JOHNS PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FLORIDA

City & State

SANFORD, FLORIDA

Zip

32771

Country

Zip

32771

Country

4. FEI Number

59-3545453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINET, GLENDA D

**102 COASTLINE ROAD 4060 ST JOHNS PKWY
SANFORD FL 32771**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARTINET, GLENDA D**
CITY-ST-ZIP **102 COASTLINE ROAD 4060 ST JOHNS PKWY
SANFORD FL 32771**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARTINET, GARY S**
CITY-ST-ZIP **102 COASTLINE ROAD 4060 ST JOHNS PKWY
SANFORD FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 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

2/13/03

Date

407-322-7622

Daytime Phone #

0000168 AV

CR2E034 (10/02)