

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021169

1. Entity Name

CCS CABLE T.V. CONTRACTORS, INC.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90034 039 \*\*\*150.00

Principal Place of Business

Mailing Address

5424 OLIVER STREET SOUTH  
JACKSONVILLE FL 32211

5424 OLIVER STREET SOUTH  
JACKSONVILLE FL 32211-4537

00016316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4549 ST. AUGUSTINE RD

3. Mailing Address

4549 ST Augustine RD.

Suite, Apt. #, etc.

# 12

Suite, Apt. #, etc.

# 12

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3564663

Applied For

Not Applicable

Zip

Country

32207

USA

Zip

Country

32207

USA

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

AUSTIN, BILLY M  
5424 OLIVER STREET SOUTH  
JACKSONVILLE FL 32211

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, 2000 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 ☐ Delete  
NAME D  
STREET ADDRESS AUSTIN, BILLY M  
CITY-ST-ZIP 5424 OLIVER STREET SOUTH  
JACKSONVILLE FL 32211

TITLE ☒ Change ☐ Addition  
NAME P/D  
STREET ADDRESS Austin, Billy m  
CITY-ST-ZIP 5424 Oliver St. South  
JACKSONVILLE, FL 32211

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME V/M  
STREET ADDRESS Fountain, Charles A.  
CITY-ST-ZIP 11869 Water Bluff Ln. WEST  
JACKSONVILLE, FL 32218

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S/T/C  
STREET ADDRESS HERRON, NIXON K  
CITY-ST-ZIP 1667 GIVIN RD  
JACKSONVILLE, FL 32225

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Billy M Austin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/30/2000  
Daytime Phone #

CR2E034 (9/99)