FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 200

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90162 039 ***150.00

DOCUMENT # P99000021169

1. Entity Name
CCS CABLE T.V. CONTRACTORS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4549 ST AUGUSTINE RD	4549 ST AUGUSTINE RD
Suite, Apt. #, etc. SUITE 12	Suite, Apt. #, etc. STE 12
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32207 Country US	Zip 32207 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3564663 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BILLY M AUSTIN

Street Address (P.O. Box Number is Not Acceptable): 5424 OLIVER STREET SOUTH

City: JACKSONVILLE FL Zip Code: 32211

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: Billy M Austin
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee Is $150.00
After May 1 Fee Is $550.00
Amended UBR Is $61.25
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	PD
NAME	BILLY M AUSTIN
STREET ADDRESS	5424 OLIVER ST S
CITY-ST-ZIP	JACKSONVILLE FL 32211
TITLE	VM
NAME	CHARLES A FOUNTAIN
STREET ADDRESS	1189 WATER BLUFF LN W
CITY-ST-ZIP	JACKSONVILLE FL 32218
TITLE	TD
NAME	FRANK FOERSTEL
STREET ADDRESS	3203 VINE WOOD LN
CITY-ST-ZIP	JACKSONVILLE FL 32277
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 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 Daytime Phone #