

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078443

1. Entity Name
FL. NETWORK CABLE SERVICE, INC.



Principal Place of Business
4004 FRIDAY ST.
TALLAHASSEE FL 32304
US

Mailing Address
4004 FRIDAY ST.
TALLAHASSEE FL 32304
US

FILED

03 APR 24 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3595504

Applied For
Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTELL, TERRY B
693 WINDING CREEK RD
QUINCY FL 32351

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

#1498

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BARTELL, TERRY B
STREET ADDRESS 369 WINDING CREEK RD.
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

TITLE P
NAME Terry B Bartell
STREET ADDRESS 369 Winding Creek Rd
CITY-ST-ZIP Quincy FL 32351 ☒ Change ☐ Addition

TITLE S
NAME VICKERS, F. TONY
STREET ADDRESS 1630 STANLEY AVE
CITY-ST-ZIP TALLAHASSEE FL 32310 ☒ Delete

TITLE S
NAME KIDS H. BARTELL
STREET ADDRESS 827 ALICE WEBSTER DR.
CITY-ST-ZIP TALLAHASSEE, FL. 32310 ☐ Change ☒ Addition

TITLE V
NAME BARTELL, NICOLE A
STREET ADDRESS 693 WINDING CREEK RD.
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 of supplemental report is true and accurate and that my Signature shall have the same legal effect as if made for said information 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry Bartell

4/22/03

Date

850 251-7211

Daytime Phone #

(201) 743-2525