

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91784 014 ***150.00

DOCUMENT # P99000079755

1. Entity Name

EAST-COAST FLORIDA CABLE, INC.

Principal Place of Business

**7529 DALHURST DRIVE
 S. JACKSONVILLE FL 32277**

Mailing Address

**7529 DALHURST DRIVE
 S. JACKSONVILLE FL 32277**

2. Principal Place of Business

**7832 STEPHENSON DR.
 Suite, Apt. #, etc.**

3. Mailing Address

**7832 STEPHENSON DR.
 Suite, Apt. #, etc.**

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

65-0948249

Applied For

Not Applicable

Zip

32208

Country

Dural

Zip

32208

Country

Dural

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

WOOLLERY, ROSETTA

7529 DALHURST DR

S. JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name

Carol Woollery

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

7832 STEPHENSON DR.

City

Jacksonville

FL

Zip Code

32208

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

Carol Woollery President

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

(NOTE: Registered Agent signature required when reinstating)

June 29, 2002

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, 2002 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WOOLLERY, ROSETTA	
STREET ADDRESS	7529 DALHURST DR	
CITY-ST-ZIP	S. JACKSONVILLE FL 32277	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOLLERY, ANTHONY	
STREET ADDRESS	7832 STEPHENSON DR	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Woollery	
STREET ADDRESS	7832 STEPHENSON DR.	
CITY-ST-ZIP	JAX, FL 32208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Anthony Woollery
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY WOOLLERY 4-28-02
 Date Daytime Phone #

CR2E034 (9/01)