

2001 UNIFORM BUSINESS REPORT (UBR)

4/5/

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-05-2001 90432 039 ***150.00

DOCUMENT # P99000089876

1. Entity Name

CUSTOM CABLE DESIGN, INC.

Principal Place of Business

1001 S.E. SPINNAKER DR.
 PORT ST. LUCIE FL 34983

Mailing Address

1001 S.E. SPINNAKER DR.
 PORT ST. LUCIE FL 34983

2. Principal Place of Business

1001 SE Spinnaker Dr.
 Suite, Apt. #, etc.

3. Mailing Address

Sam
 Suite, Apt. #, etc.

City & State

P.S.L.

City & State

Same

4. FEI Number

65-0965399

Applied For

Not Applicable

Zip

34983

Country

St. Lucie

Zip

Sam

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FARRELL, RICKEY L ESO
 1595 S.E. PT. ST. LUCIE BLVD.
 PT. ST. LUCIE FL 34952

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.

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, 2001 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **TIFFANY, STEVEN KENT**
 CITY-ST-ZIP **1001 S.E. SPINNAKER DR.**
PORT ST. LUCIE FL 34983

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

TITLE ☐ Change ☐ Addition
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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: *Steven Tiffany*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/01

Daytime Phone #

(561) 708-3408

CR2E034 (10/00)