

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90024 030 ***150.00

601071



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000106700																																			
1. Entity Name COMMCABLE, INC.																																			
Principal Place of Business 2769 HWY 92 W NEW TAMPA HWY LAKELAND FL 33801		Mailing Address 2769 HWY 92 W NEW TAMPA HWY LAKELAND FL 33801																																	
2. Principal Place of Business 2769 New Tampa Hwy - Suite, Apt. #, etc. 92 W		3. Mailing Address 2769 New Tampa Hwy-92 W Suite, Apt. #, etc.																																	
City & State Lakeland, FL		City & State Lakeland, FL																																	
Zip 33815	Country PO11K	Zip 33815	Country PO11K																																
4. FEI Number 59-3612683		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent																																			
HAVRANIAK, STEPHEN P 358 ARBOR WAY LAKELAND FL 33809																																			
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 DATE																																			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																																			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																	
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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: 1/5/00																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																			

CR2E034 (10/00)