

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 15, 2001 08:00 AM**
Secretary of State**DOCUMENT # F29733**1. Entity Name
CABLE SENTRY CORPORATION**Principal Place of Business**2500 N TAMiami TRAIL
#221
NAPLES
34103
US

FL

Mailing Address2500 N TAMiami TRAIL
#221
NAPLES
34103
US

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-2114470**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**
1201 HAYS STREET**TALLAHASSEE**
32301
US

FL

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)

02/15/2001

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VAS	<input type="checkbox"/> Delete
NAME	FISHER RANDALL D	
STREET ADDRESS	5 WEST THIRD STREET	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	MILLIARD DANIEL R	
STREET ADDRESS	5 WEST THIRD STREET	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIGAS JAMES P	
STREET ADDRESS	5 WEST THIRD STREET	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	RIGAS TIMOTHY J	
STREET ADDRESS	5 WEST THIRD STREET	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIGAS MICHAEL J	
STREET ADDRESS	5 WEST THIRD STREET	
CITY-ST-ZIP	COUDERSPORT PA 16915	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RIGAS JOHN J	
STREET ADDRESS	5 WEST THIRD STREET	
CITY-ST-ZIP	COUDERSPORT PA 16915	

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	
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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: JOHN J. RIGAS

DP

02/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)