2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90046 017 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # L72485

1. Entity Name

CABLE DEVELOPMENT CORPORATION

Principal Place of Business: ~~84 CR-536 BUSHNELL FL 33513~~ 1910 CR-470 LAKE PANASOFFKEE, FLA 33538

Mailing Address: ~~84 CR-536 BUSHNELL FL 33508-6154~~ 1910 CR-470 LAKE PANASOFFKEE, FLA 33538

2. Principal Place of Business	3. Mailing Address
1910 CR-470	1910 CR-470
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE PANASOFFKEE, FLA	City & State: LAKE PANASOFFKEE, FLA
Zip: 33538 Country: SUMTER	Zip: 33538 Country: SUMTER

4. FEI Number 59-3012385 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LARKIN, LEO
84 CR-536
BUSHNELL FL 33513

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 LEO LARKIN PRES [signature] 4-13-00
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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PT	LARKIN, LEO	96 CR-536	BUSHNELL FL 33513	☐
S	BECKER, RON	4911 DONOVAN ST.	ORLANDO FL 32808	☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/99)

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: [signature] LEO LARKIN 4-13-00 352-568-1195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #