

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000240

1. Entity Name

RELW WIRELESS CORPORATION

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90060 011 ***150.00

0077540

Principal Place of Business
7100
7505 TECHNOLOGY DRIVE
WEST MELBOURNE FL 32904

Mailing Address
7100
7505 TECHNOLOGY DRIVE
WEST MELBOURNE FL 32904

702640



DO NOT WRITE IN THIS SPACE

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 04-2225121

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO
NAME LAIRD, RICHARD K
STREET ADDRESS 7505 TECHNOLOGY DRIVE
CITY-ST-ZIP WEST MELBOURNE FL 32904 ☒ Delete

TITLE PCEO
NAME DAVID P. STOREY
STREET ADDRESS 7100 TECHNOLOGY DR.
CITY-ST-ZIP WEST MELBOURNE, FL 32904 ☐ Change ☒ Addition

TITLE CFOT
NAME KELLY, WILLIAM P
STREET ADDRESS 7505 TECHNOLOGY DRIVE
CITY-ST-ZIP WEST MELBOURNE FL 32904 ☐ Delete

TITLE
NAME
STREET ADDRESS 7100 TECHNOLOGY DR.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE CD
NAME GOEBERT, DONALD F
STREET ADDRESS 342 WILLOWBROOK LANE
CITY-ST-ZIP WESTCHESTER PA 19382 ☐ Delete

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

TITLE D
NAME SCOTT, BUCK
STREET ADDRESS 408 MCCLENAGHAN MILL ROAD
CITY-ST-ZIP WYNEWOOD PA 19087 ☒ Delete

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

TITLE D
NAME MACDONALD, ROBERT L
STREET ADDRESS 441 IVEN AVENUE
CITY-ST-ZIP WAYNE PA 19087 ☒ Delete

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

TITLE D
NAME WHITNEY, RALPH R JR
STREET ADDRESS 3441 HIGHWAY 34
CITY-ST-ZIP WHEATLAND WY 82201 ☒ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/01

321-953-7898

CR2E034 (10/00)