

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90050 046 \*\*\*150.00

DOCUMENT # P00000002939

1. Entity Name  
 MID FLORIDA CELLULAR CORPORATION

Principal Place of Business  
 2241 S WOODLAND BLVD.  
 DELAND FL 32720

Mailing Address  
 2241 S WOODLAND BLVD.  
 DELAND FL 32720

B0052305



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 2235 S WOODLAND BLVD

3. Mailing Address  
 2235 S WOODLAND BLVD

Suite, Apt. #, etc.  
 103

Suite, Apt. #, etc.  
 103

City & State  
 DELAND, FL

City & State  
 DELAND FL

4. FEI Number 59-3616015 Applied For Not Applicable

Zip Country 32720 US

Zip Country 32720 US

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

CONNELLY, JOHN W JR  
 279 SUNRISE POINT  
 LAKE MARY FL 32746

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.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	CONNELLY, JOHN W		
STREET ADDRESS	279 SUNRISE POINT		
CITY-ST-ZIP	LAKE MARY FL 32746		

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 CONNELLY JR 3/13/02 386 938 9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)