2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

WIRELESSONE CELLULAR & PAGING INC.

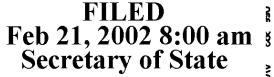
Principal Place of Business

Mailing Address

2441 S.W. HALISSEE ST. PT. ST. LUCIE FL 34953

2441 S.W. HALISSEE ST. PT. ST. LUCIE FL 34953

2. Principal Place of Business Suite, Apt. #, etc.



02-21-2002 90038 047 ***150.00

DO NOT WRITE IN THIS SPACE

| Comme St | | - | | | | | - | | |
|---|-------------------------------|------------------------------------|-----------------------------------|-------------------------|--|---|-----------------------|---------------|------------------|
| Poet St. Lucie FL | | POLT St. LUCIE | | 7 | 4. FEI Number 65 | _ | polied For | | |
| 102+ 31 | <u>د, سح</u> | | TOLT SP. DUCK | Country | | | | \$8.75 Add | ot Applicable |
| 24484 | - | Country | 34984 | Country | : | 5. Certificate of Statu | | Fee Require | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address | s of New Registered A | gent | |
| | | | | | Name | • | | | |
| SINGH, D | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | HALISSEE | • | | _ | | | | | - |
| PI. SI. L | UCIE FL 34 | 953 | | | | | | 1 -: 0 | |
| | | | | | City | | F <u>L</u> | Zip Cod | le |
| 8. The above | named entit | y submits f ils statement t | for the purpose of changing its r | egistered | office or register | ed agent, or both, in the | State of Florida. | | |
| | <i>D</i> | 1 % | | | | | ام ا | 22 | |
| SIGNATURE. | <u> ນ</u> | <i>J</i> 1 ' \ | A cod title if continuels (NOTE: | gent signature required | when reinstation) | 7 PATE | 02 | | |
| | Signature, typed | or printed name of registered ager | | | | when remistating) | | | |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! F After May 1, 2002 F | | | | | | | ampaign Financing | |)0 May Be |
| _ | requirement a ria on back) | and elects to do so. | Make Check Payabl | | I Hust I and Continuation. | | | Added to Fees | |
| 11. | | OFFICERS ANI | D DIRECTORS | 12. | | ADDITIONS/CHANG | ES TO OFFICERS AND | DIRECTOR | IS IN 11 |
| TITLE | D | | ☐ Delete | TITLE | DA | VID SING | Η, | Change | ☐ Addition |
| NAME | SINGH, D | | | NAME | 18 | 5 osprey | Ridge Way E FL 3A9 | | 1 |
| STREET ADDRESS CITY-ST-ZIP | | '. Halissee st. Ucie FL 34953 | | CITY-ST | ADDRESS 7+ | . St. Luci | E FL 399 | 84 | |
| TITLE | 71.01.0 | OOIL 1 L OTOGO | Delete | TITLE | | | | ☐ Change | Addition |
| NAME | | | C Désete | NAME | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | CITY-ST | F- ZIP | | | | |
| TITLE | - | | Delete - | TITLE NAME | | | - | Change | ☐ Addition |
| NAME STREET ADDRESS | | | | • | ADDRESS | | | | |
| CITY-ST-ZIP | | | | CITY-ST | r-zip | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| NAME | | . . | | NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | ?: | | CITY-ST | ADDRESS [-7]P | | | | |
| TITLE | F 1 5 | 1 | □ Delete | TITLE | | | | ☐ Change | Addition |
| NAME | , e. | | □ Delete | NAME | | | | | _ |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | CiTY-S1 | T-ZIP | | | | |
| TITLE | | | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | | | | NAME STREET | ADDRESS | | | | |
| CITY-ST-ZIP | 1 | | | CITY-S1 | T- ZIP | | | | |
| | | | | | | | | | 1 |

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