

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-08-2001 90370 024 ***150.00

DOCUMENT # P00000110592
 1. Entity Name
2 GO WIRELESS, INC.

Principal Place of Business _____ Mailing Address _____

2. Principal Place of Business _____ 3. Mailing Address
2397 BENJAMIN AVE.
 Suite, Apt. #, etc. _____ Suite, Apt. #, etc. _____
 City & State _____ City & State
DELRAY BEACH, FLORIDA
 Zip _____ Country _____ Zip _____ Country
33444 USA

4. FEI Number _____ Applied For _____
65-1057603 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

26679

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name SEAN PATRIANI, SR
 Street Address (P.O. Box Number is Not Acceptable)
2397 BENJAMIN AVE.
 City DELRAY BEACH FL Zip Code 33444

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] PRESIDENT DATE 1-24-01
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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT / DIRECTOR</u> <u>SEAN PATRIANI</u> <u>2397 BENJAMIN AVENUE</u> <u>DELRAY BEACH, FL 33444</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] PRES. DATE 1-24-01 561-368-6040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)