

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

0014659
AT

DOCUMENT # B97000000070

1. Entity Name

WIRELESS ONE NETWORK, L.P.

02 APR 16 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2100 ELECTRONICS LANE
FORT MYERS FL 33912

Mailing Address

2100 ELECTRONICS LANE
FORT MYERS FL 33912



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0719968

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

JAMES A. JURY

Street Address (P.O. Box Number is Not Acceptable)

2100 ELECTRONICS LANE

City

Fort Myers

FL

Zip Code

33920

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.

DATE

2/14/02

9. Capital Contributions
as Shown on record.

\$83,032,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

-0-

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # F97000000637
NAME WON, INC.
STREET ADDRESS 2100 ELECTRONICS LANE
CITY-ST-ZIP FORT MYERS FL 33912

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300005312499--7

STREET ADDRESS

CITY-ST-ZIP

-04/22/02--01037--009

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DOCUMENT #
NAME
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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

2/14/02 941/489-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)