

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90396 005 ***150.00

0689152

DOCUMENT # F00000002677

1. Entity Name
ELISKA WIRELESS VENTURES I, INC.

| | |
|---|---|
| Principal Place of Business 28187 BURKART DRIVE ORANGE BEACH AL 36561 | Mailing Address 28187 BURKART DRIVE ORANGE BEACH AL 36561 |
|---|---|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
1233 O.G. Skinner Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
clo Ken Miles

City & State

City & State
West Point, GA

4. FEI Number **APPLIED FOR**
52-2240453

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

| | | | |
|-----|---------|--------------|---------|
| Zip | Country | Zip | Country |
| | | <i>31833</i> | |

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

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

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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, 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 NAME | PCD HAYLES, JAMES O JR | <input type="checkbox"/> Delete |
| STREET ADDRESS | 28187 BURKART DRIVE | |
| CITY-ST-ZIP | ORANGE BEACH AL 36561 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *James O. Hayles* **James O. Hayles** 3/23/01 (706) 645-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)