

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000004395**1. Entity Name  
**PREMIERE WIRELESS SOLUTIONS, INC. OF GA**Principal Place of Business  
**5046 BAYOU BLVD., STE B**  
  
**PENSACOLA FL STOCKBRIDGE GA**  
**32503 30281**Mailing Address  
**PO BOX 720**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**58-2402857**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**XUEREB JOEY**  
**1152 HARBOR LANE****GULF BREEZE**  
**32561**

US

FL

Name

**XUEREB JOEY**

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

**1976 JESSICA WAY**City  
**NAVARRE**

FL

Zip Code  
**32566**

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 **JOEY XUEREB****04/30/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** ☐ Delete  
NAME **XUREB JOEY**  
STREET ADDRESS **1152 HARBOR LANE**  
CITY-ST-ZIP **GULF BREEZE FL**TITLE **D** ☒ Change ☐ Addition  
NAME **XUREB JOEY**  
STREET ADDRESS **1976 JESSICA WAY**  
CITY-ST-ZIP **NAVARRE FL 32566**TITLE **VS** ☐ Delete  
NAME **CLOUGH JEFF**  
STREET ADDRESS **270 ALLIE CLOUGH**  
CITY-ST-ZIP **MCDONOUGH GA**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **P** ☐ Delete  
NAME **MCLEOD NEIL**  
STREET ADDRESS **2472 MCCULLOUGH ROAD**  
CITY-ST-ZIP **HAMPTON GA**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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: **NEIL MCLEOD**

PRES

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)