

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**  
 04-04-2002 90015 013 \*\*\*150.00

CR15536 AT

**DOCUMENT # F00000006500**

**1. Entity Name**  
**WELLSPRING WIRELESS UTILITY SERVICES, INC.**

**Principal Place of Business**  
 6333 GREENWICH DRIVE, SUITE 140  
 SAN DIEGO CA 92122

**Mailing Address**  
 6333 GREENWICH DRIVE, SUITE 140  
 SAN DIEGO CA 92122

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



**4. FEI Number**  
 33-0689106

Applied For  
 Not Applicable

**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

**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**

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, 2002 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          | PS                              | <input type="checkbox"/> Delete |
| NAME           | BRITTSAN, BRIAN D               |                                 |
| STREET ADDRESS | 6333 GREENWICH DRIVE, SUITE 140 |                                 |
| CITY-ST-ZIP    | SAN DIEGO CA 92122              |                                 |
| TITLE          | T                               | <input type="checkbox"/> Delete |
| NAME           | KNOLL, BLAINE L                 |                                 |
| STREET ADDRESS | 6333 GREENWICH DRIVE, SUITE 140 |                                 |
| CITY-ST-ZIP    | SAN DIEGO CA 92122              |                                 |
| TITLE          | CD                              | <input type="checkbox"/> Delete |
| NAME           | SMITH, WADE                     |                                 |
| STREET ADDRESS | 6333 GREENWICH DRIVE, SUITE 140 |                                 |
| CITY-ST-ZIP    | SAN DIEGO CA 92122              |                                 |
| TITLE          | D                               | <input type="checkbox"/> Delete |
| NAME           | HAHN, RONALD R                  |                                 |
| STREET ADDRESS | 6333 GREENWICH DRIVE, SUITE 140 |                                 |
| CITY-ST-ZIP    | SAN DIEGO CA 92122              |                                 |
| TITLE          | D                               | <input type="checkbox"/> Delete |
| NAME           | REINHARD, CHRISTOPHER J         |                                 |
| STREET ADDRESS | 6333 GREENWICH DRIVE, SUITE 140 |                                 |
| CITY-ST-ZIP    | SAN DIEGO CA 92122              |                                 |
| TITLE          | D                               | <input type="checkbox"/> Delete |
| NAME           | LITTLEWOOD, ROBERT S            |                                 |
| STREET ADDRESS | 6333 GREENWICH DRIVE, SUITE 140 |                                 |
| CITY-ST-ZIP    | SAN DIEGO CA 92122              |                                 |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
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| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/29/02* *858 824-0900*  
 Date Daytime Phone #

CR2E034 (9/01)