

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002377

1. Entity Name

CELLULAR SERVICES INC.

Principal Place of Business

Mailing Address

8942 PENSACOLA BLVD
PENSACOLA FL 32534

8942 PENSACOLA BLVD
PENSACOLA FL 32534-1927

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-1692256

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

DUPUIS, CHRIS
3014 PINE VALLEY ROAD
PACE FL 32561

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, 2000 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 P ☐ Delete
NAME DUPUIS, CHRISTOPHER J
STREET ADDRESS 8177 RIVERVIEW ROAD
CITY-ST-ZIP GLOUCESTER VA

TITLE P ☒ Change ☐ Add
NAME Christopher J Dupuis
STREET ADDRESS 3014 Pine Valley Drive
CITY-ST-ZIP Pace, Florida 32571 (Address only)

TITLE V ☐ Delete
NAME DUPUIS, ANGELA
STREET ADDRESS 8177 RIVERVIEW ROAD
CITY-ST-ZIP GLOUCESTER VA

TITLE VP ☐ Change ☐ Add
NAME ANGELA Dupuis
STREET ADDRESS 3014 Pine Valley Drive
CITY-ST-ZIP Pace, Florida 32571 (Address Change only)

TITLE Chairman ☐ Delete
NAME Michael Dupuis
STREET ADDRESS 7211 Old Pinetta Road
CITY-ST-ZIP Gloucester, Va 23061

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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:

Angela Dupuis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2000

Date

850 484-3977

Daytime Phone #

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90017 009 ***150.00



DO NOT WRITE IN THIS SPACE