

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90015 012 \*\*\*150.00

**DOCUMENT #** P99000001411

1. Entity Name

FUZION WIRELESS COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

5255 NORTH FEDERAL HWY. STE 300  
 BOCA RATON FL 33487

5255 NORTH FEDERAL HWY. STE 300  
 BOCA RATON FL 33487-4901

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

65-0899712

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

DAVID L. FRANK  
 5255 NORTH FEDERAL HIGHWAY, STE 300  
 BOCA RATON, FL 33487

Name LARRY T. SCHONE

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

5255 NORTH FEDERAL HIGHWAY, STE 300

City BOCA RATON

FL

Zip Code 33487

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

*Larry Schone*

LARRY T. SCHONE

4/28/00

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) ☐

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 PD ☐ Delete  
 NAME FRANK, DAVID L  
 STREET ADDRESS 5255 NORTH FEDERAL HWY, STE 300  
 CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition  
 NAME GODWIN, BRUCE D.  
 STREET ADDRESS 5255 NORTH FEDERAL HIGHWAY, STE 300  
 CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☐ Change ☒ Addition  
 NAME ST  
 STREET ADDRESS SCADUTO, DANIEL A.  
 CITY-ST-ZIP 5255 NORTH FEDERAL HIGHWAY, STE 300  
 BOCA RATON, FL 33487

TITLE ☐ Change ☒ Addition  
 NAME VP SALES  
 STREET ADDRESS ALEMBIK, STEVEN  
 CITY-ST-ZIP 5255 NORTH FEDERAL HIGHWAY, STE 300  
 BOCA RATON, FL 33487

TITLE ☐ Change ☒ Addition  
 NAME VP OPERATIONS  
 STREET ADDRESS CAMPBELL, ROBERT  
 CITY-ST-ZIP 5255 NORTH FEDERAL HIGHWAY, STE 300  
 BOCA RATON, FL 33487

TITLE ☐ Change ☒ Addition  
 NAME VP MARKETING  
 STREET ADDRESS WIND, JOHN, III  
 CITY-ST-ZIP 5255 NORTH FEDERAL HIGHWAY, STE 300  
 BOCA RATON, FL 33487

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 (561) 995-8480