FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90443 001 ***300.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K71015

1. Entity Name
WIRO, INC.

Principal Place of Business
225 SOUTH CENTRAL AVENUE
BARTOW, FL 33830

Mailing Address
POST OFFICE BOX 1356
BARTOW, FL 33831

2. Principal Place of Business: 965 Tangerine Street
Suite, Apt. #, etc.
City & State: Bartow, Florida
Zip: 33830 Country: U.S.

3. Mailing Address: Post Office Box 2900
Suite, Apt. #, etc.
City & State: Lakeland, Florida
Zip: 33806-2900 Country: U.S.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2940306 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MEYER, JAMES R.
225 SOUTH CENTRAL AVENUE
BARTOW, FL 33830

7. Name and Address of New Registered Agent

Name: James R. Meyer
Street Address (P.O. Box Number is Not Acceptable): 116 South Tennessee Avenue
City: Lakeland FL Zip Code: 33801

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James R. Meyer April 2, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BATEMAN, WILLIAM F. 965 EAST TANGERINE ST. BARTOW, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2260 Malachite Drive Lakeland, Florida 33810	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BATEMAN, ROBERT J. 2518 SUMIT VIEW DRIVE LAKELAND, FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2518 Summitview Drive	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William F. Batemen April 2, 2003 863-577-0526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #