

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90573 039 \*\*\*\*50.00

**DOCUMENT # L00000008055**

1. Entity Name

**FIRST CHOICE WIRELESS, LLC**



Principal Place of Business

**6837 SYLVAN WOODS DRIVE  
SANFORD FL 32771**

Mailing Address

**PO BOX 950031  
LAKE MARY FL 32795-0031**

2. Principal Place of Business

**6837 Sylvan Woods Drive**

3. Mailing Address

**6837 Sylvan Woods Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Sanford FL**

City & State

**Sanford FL**

Zip

**32771**

Country

**United States**

Zip

**32771**

Country

**United States**

6. Name and Address of Current Registered Agent

**FOSTER, ALLEN F  
6837 SYLVAN WOODS DRIVE  
SANFORD FL 32771**

7. Name and Address of New Registered Agent

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

SIGNATURE

*Allen Foster*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-11-2003**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **FOSTER, ALLEN F**  
STREET ADDRESS **6837 SYLVAN WOODS DRIVE**  
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Allen Foster*

**SIGNATURE REQUIRED**

**1-11-2003**

**407 302-1746**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

0050815