

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010943

1. Entity Name

WIRELESS IMAGE L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 PM 9:44

Principal Place of Business

1316 GEORGE JENKINS BLVD., SUITE 7
LAKELAND FL 33815

Mailing Address

1316 GEORGE JENKINS BLVD., SUITE 7
LAKELAND FL 33815

2. Principal Place of Business

5435 GLENMORE DRIVE
Suite, Apt. #, etc.

3. Mailing Address

5435 GLENMORE DRIVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKELAND FL

City & State

LAKELAND FL

4. FEI Number

59-3673913

Applied For

Not Applicable

Zip

33813

Country

USA

Zip

33813

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLELLAND, MICHAEL L
5435 GLENMORE DRIVE
LAKELAND FL 33813

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MGR
MCCLELLAND, MICHAEL L
STREET ADDRESS
5435 GLENMORE DRIVE
CITY-ST-ZIP
LAKELAND FL 33813

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

MICHAEL L MCCLELLAND

9-21-01

(863) 607-4912

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

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)

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