

2002 UNIFORM BUSINESS REPORT (UBR)

0004891

DOCUMENT # L01000004944

1. Entity Name

WIRELESS BROADBAND SOLUTIONS, LLC

FILED

02 OCT 10 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

421 SUMMIT RIDGE PLACE
#203
LONGWOOD FL 32779

421 SUMMIT RIDGE PLACE
#203
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

103 Fox Rd. #628
Suite, Apt. #, etc.
#628

103 Fox Rd.
Suite, Apt. #, etc.
#628

City & State
Waltham, MA.

City & State
Waltham, MA.

Zip
02451

Country
USA

Zip
02451

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2308631

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUTEGNAT, SCANLON
656 GLADES CIRCLE, #204
ALTAMONTE SPRINGS FL 32714

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

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

300008371923
10/15/02--01025--006 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PUTEGNAT, SCANLON
656 GLADES CIRCLE, #204
ALTAMONTE SPRINGS FL 32714

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Putegnat, Scanlon
103 Fox Rd # 628
Waltham, MA. 02451

☒ Change

☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change

☐ Addition

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:

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

Date

Daytime Phone #

Scanlon Putegnat 10/4/02 781-622-6303

CR2E083 (4/02)