2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03237900759
8/21/2003-90058-049-$50.00-$50.00

FILED
2003 DEC 24 PM 1:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000024422

1. Entity Name
SECURED WIRELESS NETWORKS, LLC.

Principal Place of Business	Mailing Address
8069 HARRISBURG DRIVE FT. MYERS FL 33912	8069 HARRISBURG DRIVE FT. MYERS FL 33912

2. Principal Place of Business	3. Mailing Address
	19551 Waters Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Ft. Myers, Fl
Zip / Country	Zip: 33912 / Country

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 51-0490126 — X Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CALLAHAN, MAUREEN~~
8069 HARRISBURG DRIVE
FT. MYERS FL 33912

7. Name and Address of New Registered Agent

Name: Scott Glase
Street Address (P.O. Box Number is Not Acceptable): 19551 Waters Way
City: Ft. Myers FL Zip Code: 33912

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: Scott R. Glase — 8-15-03
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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CALLAHAN, MAUREEN 8069 HARRISBURG DRIVE FT. MYERS FL 33912	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Sandra Glase 19551 Waters Way Ft. Myers, Fl. 33912	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GLASE, SCOTT 19551 WATERS WAY FT. MYERS FL 33912	☐ 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2003	☐ Change ☐ Addition

CR2E083 (4/03)

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 REQUIRED [signature] — 8-15-03 — 239-561-4788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #