

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 20 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0003540 AF

DOCUMENT # **L96000000507**

1. Entity Name  
**WIRELESS VENTURES, L.L.C.**

Principal Place of Business

3110 CAPITAL CIRCLE, NE  
TALLAHASSEE FL 32308

Mailing Address

3110 CAPITAL CIRCLE, NE  
TALLAHASSEE FL 32308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-3380979**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PHIPPS VENTURES, INC.  
3110 CAPITAL CIRCLE, NE  
TALLAHASSEE FL 32308**

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**

9. MANAGING MEMBERS / MEMBERS

TITLE  Delete  
NAME **MGR**  
STREET ADDRESS **BOYLE, DENNIS O**  
CITY-ST-ZIP **3110 CAPITAL CIRCLE, NE  
TALLAHASSEE FL 32308**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**100004084001--8**  
**-04/27/01--01027--021**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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:

*Dennis O. Boyle* Mgr 4/17/01

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

Date

Daytime Phone #

CR2E083 (11/00)