

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000399**

1. Entity Name

WIRELESS DATA SYSTEMS NETWORK, L.C.

**REINSTATEMENT**  
**FILED**

00 DEC 28 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

151 HERNANDEZ AVENUE  
ORMOND BEACH FL 32174

151 HERNANDEZ AVENUE  
ORMOND BEACH FL 32174-6507

2. Principal Place of Business

3. Mailing Address

PO BOX 10352

PO BOX 10352

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PLEASANTON CA

PLEASANTON CA

Zip

Country

Zip

Country

94588

USA

94588

USA

4. FEI Number

59-3504802

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

RAWSON, OKEY  
151 HERNANDEZ AVENUE  
ORMOND BEACH FL 32174

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

*Mark R Jones*  
Signature typed or printed name of registered agent and title if applicable.

*Deey Rawson*  
(NOTE: Registered Agent signature required when reinstating)

12/27/00  
DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME RAWSON, OKEY  
STREET ADDRESS 151 HERNANDEZ AVENUE  
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE MGR  
NAME JONES, MARK  
STREET ADDRESS 151 HERNANDEZ AVENUE PO BOX 10352  
CITY-ST-ZIP ORMOND BEACH FL 32174 PLEASANTON CA 94588 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400003535644-9  
-01/12/01--01055--003  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)