

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000856**

1. Entity Name

SKYCOM WIRELESS, LLC

Principal Place of Business

Mailing Address

550 N REO ST
SUITE 300
TAMPA FL 33609

550 N REO ST
SUITE 300
TAMPA FL 33609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ 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

NELSON, MICHAEL E

550 N REO ST

SUITE 300

TAMPA FL 33609

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

Michael E Nelson, **PRESIDENT/CEO**

9/26/00

(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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME **MGRM NELSON, MICHAEL E** ☐ Delete
STREET ADDRESS **550 N. REO, SUITE 300**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **500003415805--0**
CITY-ST-ZIP **-10/05/00--01106--016**

TITLE NAME **MGRM MCCUTCHEON, BARRY W** ☐ Delete
STREET ADDRESS **550 N. REO, SUITE 300**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *******50.00 *****50.00**
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
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 E Nelson, **PRESIDENT/CEO**

9/26/00

813-261-5047

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

Date

Daytime Phone #

CR2E083 (5/00)