

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006263

1. Entity Name

PHOENIX DIRECT WIRELESS, L.L.C.

FILED

00 JAN 13 PM 12:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

498 PALM SPRINGS DRIVE #100
ALTAMONTE SPRINGS FL 32701

Mailing Address

498 PALM SPRINGS DRIVE #100
ALTAMONTE SPRINGS FL 32701-7849

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3555553

Applied For

Not Applied

Zip

Country

SEMINOLE

Zip

Country

SEMINOLE

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

PARKER, CINDA B
498 PALM SPRINGS DRIVE #100
ALTAMONTE SPRINGS FL 32701

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
PARKER, CINDA B
101 SPRING VALLEY LOOP
ALTAMONTE SPRINGS FL 32714

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
800003112468-0
-01/27/00-01023-010
*****55.00 *****55.00

☐ Change ☐

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
PARKER, GREGORY A
101 SPRING VALLEY LOOP
ALTAMONTE SPRINGS FL 32714

☐ Delete

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 OR MANAGER

Date

Daytime Phone #

man. 1-7-00 407-261-8993