

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001733

1. Entity Name

LOUISIANA UNWIRED, LLC

FILED

01 SEP 20 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

ONE LAKESHORE DRIVE, 19TH FLOOR
LAKE CHARLES LA 70629

Mailing Address

ONE LAKESHORE DRIVE, 19TH FLOOR
LAKE CHARLES LA 70629

2. Principal Place of Business

901 Lakeshore Drive,
Suite 900
Lake Charles, La.

3. Mailing Address

P.O. Box 3104
Suite, Apt. #, etc.

City & State

City & State

Lake Charles, LA

Zip

Country

Zip

Country

70601

USA

70601

USA

4. FEI Number

72-1407430

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
Due By September 26, 2001

000004623910--9
-10/04/01--01069--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME PIPER, ROBERT
STREET ADDRESS P.O. BOX 3709
CITY-ST-ZIP LAKE CHARLES LA 70602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME HENNING, THOMAS G
STREET ADDRESS ONE LAKESHORE DRIVE, 19TH FLOOR
CITY-ST-ZIP LAKE CHARLES LA 70629

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME Henning, Thomas G.
STREET ADDRESS 901 Lakeshore Drive, Suite 900
CITY-ST-ZIP Lake Charles, LA 70601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

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

9/11/01 337-436-9000

Date Daytime Phone #

CR2E083 (5/01)