

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90187 046 ***158.75

DOCUMENT # P00000015262

1. Entity Name
UR CELLULAR INC.

Principal Place of Business

11023 AIRVIEW DRIVE
 TAMPA FL 33625

A

Mailing Address

11023 AIRVIEW DRIVE
 TAMPA FL 33625

A

00053105



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6706 Benjamin Rd

3. Mailing Address
6706 Benjamin Rd.

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
200

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
65 0992231

Applied For
 Not Applicable

Zip
33634

Country
USA

Zip
33634

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIGRA, JOHN
 11023 AIRVIEW DRIVE
 TAMPA FL 33625

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	NIGRA, JOHN
STREET ADDRESS	4115 SALTWATER BLVD. → President
CITY-ST-ZIP	TAMPA FL 33615
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CROWDER JAMES
STREET ADDRESS	4115 SALTWATER BLVD.
CITY-ST-ZIP	TAMPA FL 33615
TITLE	<input type="checkbox"/> Delete
NAME	Richard C. Hardesty
STREET ADDRESS	4512 Pine hollow Dr → V.P.
CITY-ST-ZIP	TAMPA FL 33624
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 (813) 2497551

Date

Daytime Phone #

CR2E034 (10/00)