

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015262

1. Entity Name
UR CELLULAR INC.

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

05-15-2001 90187 046 ***158.75

Principal Place of Business Mailing Address
11023 AIRVIEW DRIVE 11023 AIRVIEW DRIVE
TAMPA FL 33625 TAMPA FL 33625

00053105



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6706 Benjamin Rd. 6706 Benjamin Rd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 200 200

City & State FL City & State FL
TAMPA FL TAMPA FL
Zip 33634 Country USA Zip 33634 Country USA

4. FEI Number 650992231 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
NIGRA, JOHN
11023 AIRVIEW DRIVE
TAMPA FL 33625

7. Name and Address of New Registered Agent
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] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
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
TITLE D NIGRA, JOHN ☐ Delete
NAME 4115 SALTWATER BLVD. → President
STREET ADDRESS TAMPA FL 33615
CITY-ST-ZIP
TITLE D CROWDER JAMES ☒ Delete
NAME 4115 SALTWATER BLVD.
STREET ADDRESS TAMPA FL 33615
CITY-ST-ZIP
TITLE Richard C. Hardesty ☐ Delete
NAME 4512 Pine hollow Dr → V.P.
STREET ADDRESS TAMPA FL 33624
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ 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 4-30-01 (813) 2497551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)