

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90018 019 \*\*\*150.00

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**DOCUMENT #** P00000015262

1. Entity Name  
**UR CELLULAR INC.**



Principal Place of Business  
**6706 BENJAMIN RD SUITE 200  
TAMPA FL 33634**

Mailing Address  
**6706 BENJAMIN RD SUITE 200  
TAMPA FL 33634**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address.  
**11023 Airview Dr.**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**TAMPA FL**

City & State  
**TAMPA FL**

Zip Country  
**33634 USA**

4. FEI Number **65-0992231**

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**

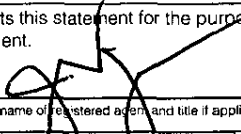
7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE **1/23/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>NIGRA, JOHN</b>	
STREET ADDRESS <b>11023 AIRVIEW DR.</b>	
CITY-ST-ZIP <b>TAMPA FL 33625</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME <b>HARDESTY, RICHARD C</b>	
STREET ADDRESS <b>4512 PINEHOLLOW DR</b>	
CITY-ST-ZIP <b>TAMPA FL 33624</b>	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **SIGNATURE RECORDED . NIGRA**

Date **January 23 2003** Daytime Phone # **813 2497551**

CR2E034 (10/02)