

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90062 032 ***150.00

DOCUMENT # P00000022494

1. Entity Name
LIGHTNING WIRELESS, INC.

Principal Place of Business
5811 PELICAN BAY BLVD.
SUITE 206-A
NAPLES FL 34108

Mailing Address
5811 PELICAN BAY BLVD.
SUITE 206-A
NAPLES FL 34108



2. Principal Place of Business
1719 TRADE CTRWAY

3. Mailing Address
1719 TRADE CTRWAY

Suite, Apt. #, etc.
SUITE 3

Suite, Apt. #, etc.
SUITE 3

City & State
NAPLES FL

City & State
NAPLES FL

Zip Country

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **54-3638066**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, GERALD S
2180 IMMOKALEE RD
STE 216
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name **SMITH, GERALD S.**
 Street Address (P.O. Box Number is Not Acceptable)
3351 MYRTLE OAK CT
 City **BONITA SPRINGS FL** Zip Code **34134**

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]* **JERRY SMITH PRES.** **2-15-02**
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, 2002 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	P	<input type="checkbox"/> Delete
NAME	SMITH, GERALD S	
STREET ADDRESS	2180 IMMOKALEE RD STE 216	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETRIE, WILLIAM G	
STREET ADDRESS	2180 IMMOKALEE STE 216	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JANITZ, DOTTIE	
STREET ADDRESS	2180 IMMOKALEE RD STE 201	
CITY-ST-ZIP	NAPLES FL 34110	
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
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		

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]* **GERALD SMITH PRES.** **2-15-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)