

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 FEB 23 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000054224

1. Entity Name
CELL-STATION, INC.



Principal Place of Business
198 LAGOON DRIVE
PALM HARBOR, FL 34683 US

Mailing Address
198 LAGOON DRIVE
PALM HARBOR, FL 34683 US

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

3. Mailing Address
3800 Tampa Road
Suite, Apt. #, etc.

City & State
Oldsmar, Florida

Zip
34677

Country
USA

02172004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3650211

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BELL, ERIK T
198 LAGOON DR. PALM HARBOR FL. 34683
198 LAGOON DR.
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name
David A. Beyer

Street Address (P.O. Box Number is Not Acceptable)
c/o Piper Rudnick LLP

101 E. Kennedy Blvd., Suite 2000

City
Tampa

FL Zip Code
33602

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 *David A. Beyer*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, ERIK T 198 LAGOON DR. PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, ERIV T 198 LAGOON DR. PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELL, LIZA D 198 LAGOON DR. PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELL, LIZA D 198 LAGOON DR PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D, S and T Frahmann, Melton 105 Island Way #125 Clearwater, FL 33767	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Melton Frahmman* Melton Frahmman, President (813) 891-4200

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #