

**AMENDED FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P00000054224

1. Entity Name

CELL-STATION, INC.

FILED

04 JUN 21 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3800 Tampa Road

Suite, Apt. #, etc.

City & State

Oldsmar, Florida

Zip

34677

Country

4. FEI Number

59-3650211

Applied For

Not Applicable

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

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IN THIS SPACE

7. Name and Address of Current 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.

SIGNATURE

Signature, typed or printed name of registered agent and fee 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)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

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 P, D, S and T
NAME Frahmman, Melton
STREET ADDRESS 105 Island Way #125
CITY-ST-ZIP Clearwater, FL 33767

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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 on an attachment with an address, with any other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melton Frahmman, President (813) 891-4200

Date

Daytime Phone #

CR2F034R (12/01)