

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/23/01

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90021 031 \*\*\*150.00

<b>DOCUMENT # P00000056884</b>																																																																																							
1. Entity Name <b>PLANET WIRELESS, INC.</b>																																																																																							
Principal Place of Business <b>317 NE 36TH AVE STE 3 OCALA FL 34470</b>		Mailing Address <b>317 NE 36TH AVE STE 3 OCALA FL 34470</b>																																																																																					
2. Principal Place of Business		3. Mailing Address																																																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																					
City & State		City & State																																																																																					
Zip	Country	Zip	Country																																																																																				
6. Name and Address of Current Registered Agent  <b>BARBER, DAVID E 317 NE 36TH AVE STE 3 OCALA FL 34470</b>		7. Name and Address of New Registered Agent Name <b>MICHAEL P. HILL</b> Street Address (P.O. Box Number is not acceptable) <b>2020 SE 17TH ST.</b> City <b>OCALA</b> FL <b>34471</b>																																																																																					
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 <u><i>Michael P. Hill</i></u> <b>MICHAEL P. HILL</b> DATE <b>1-10-01</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																																																																																					
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">11. OFFICERS AND DIRECTORS</th> <th colspan="2">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td>TITLE</td> <td><b>D</b> <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>BARBER, DAVID E</b></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>317 NE 36TH AVE STE 3</b></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>OCALA FL 34470</b></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>D</b> <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>HILL, MICHAEL P</b></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>317 NE 36TH AVE STE 3</b></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>OCALA FL 34470</b></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>D</b> <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>ANDERSON, NORMAN H</b></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>317 NE 36TH AVE STE 3</b></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>OCALA FL 34470</b></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>BARBER, DAVID E</b>	NAME		STREET ADDRESS	<b>317 NE 36TH AVE STE 3</b>	STREET ADDRESS		CITY-ST-ZIP	<b>OCALA FL 34470</b>	CITY-ST-ZIP		TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>HILL, MICHAEL P</b>	NAME		STREET ADDRESS	<b>317 NE 36TH AVE STE 3</b>	STREET ADDRESS		CITY-ST-ZIP	<b>OCALA FL 34470</b>	CITY-ST-ZIP		TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>ANDERSON, NORMAN H</b>	NAME		STREET ADDRESS	<b>317 NE 36TH AVE STE 3</b>	STREET ADDRESS		CITY-ST-ZIP	<b>OCALA FL 34470</b>	CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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 Block 12 if changed, or on an attachment with an address with all other like empowered.																																																																																							
SIGNATURE: <u><i>Michael P. Hill</i></u> <b>MICHAEL P. HILL</b>		DATE <b>1-10-01</b> DAYTIME PHONE # <b>352-732-0509</b>																																																																																					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE Daytime Phone #</small>																																																																																					



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)