

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90173 032 ***150.00

DOCUMENT # P00000063672

1. Entity Name
CELLTEL USA, INC.



Principal Place of Business
1961 W. LUMSDEN RD
BRANDON FL 33511

Mailing Address
1961 W. LUMSDEN RD
BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

1606 PARSONS AVE, S

1606 PARSONS AVE, S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEFFNER, FL

City & State

SEFFNER, FL

4. FEI Number

59-3655183

Applied For

Not Applicable

Zip

33584

Country

USA

Zip

33584

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KULANGARA, GEORGE
1961 W. LUMSDEN RD
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name KULANGARA, GEORGE

Street Address (P.O. Box Number is Not Acceptable)

1606 PARSONS AVE, S

City SEFFNER

FL

Zip Code

33584

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

George Kulangara

04/07/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME KULANGARA, GEORGE J
STREET ADDRESS 952 WICKET RUN DRIVE
CITY-ST-ZIP BRANDON FL 33510 ☐ Delete

TITLE VP
NAME JOSEPH KULANGARA
STREET ADDRESS 952 WICKET RUN DR
CITY-ST-ZIP BRANDON, FL 33510 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

George Kulangara

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/07/03

CR2E034 (10/02)