2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE REQUIRES

SIGNATURE:

Aug 16, 2001 8:00 am § Secretary of State P00000080300 **DOCUMENT #** 1. Entity Name 08-16-2001 90004 050 ***150.00 DISCOUNT CELLULAR SUPERSTORE, INC. Principal Place of Business Mailing Address 4530 W KENNEDY BLVD 4530 W KENNEDY BLVD TAMPA FL 33609 **TAMPA FL 33609** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHMALFELDT, KATHY Street Address (P.O. Box Number is Not Acceptable) 4530 W KENNEDY BLVD **TAMPA FL 33609** City Zip Code FL 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. Anneu. egistered Agent signature required when reinstating) - FILE NOW!!!-FEE IS \$550.00 -9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (5/01)TITLE ☐ Delete TITLE Addition NAME SCHMALFELDT, KATHY NAME STREET ADDRESS 4530 W KENNEDY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME -- : STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Date

Daytime Phone #

FILED

Attackment # 1000000080300 8.10.01 DEPT OF State Division of Corporations Discount Cellulan Superstore Inc. Uniform Business Report Dear Sirs, I received this notice stating that a Denalty bas been applied to my UBR for late biling, however this is the first notice that I have received. Boing a new corporation, I wasn't aware that it would receive a renewal that had to be filed prior to this notice. Denothy be waived, due to not receiving the first one. clam enclosing \$ 150.00 and the report. in this mother in this matter Kany A Schroupilor