

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085698

1. Entity Name

DIGITAL WIRELESS SOLUTIONS, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90466 008 ***150.00

Principal Place of Business

1226 COLT ST.
JACKSONVILLE FL 32211

Mailing Address

1226 COLT ST.
JACKSONVILLE FL 32211

2. Principal Place of Business

3738 Haslett Dr. E

Suite, Apt. #, etc.

3. Mailing Address

3738 Haslett Dr. E.

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32277

Country

City & State

Jacksonville, FL

Zip

32277

Country

4. FEI Number

Applied for

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLAIS, DAVID J
1226 COLT ST.
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

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

3738 Haslett Dr. E.

City

Jacksonville

FL

Zip Code

32277

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

David J. Blais

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

(NOTE: Registered Agent signature required when reinstating)

04/30/01

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **D** ☐ Delete
NAME **DIRAIMO, ANTHONY C**
STREET ADDRESS **PO BOX 54244**
CITY-ST-ZIP **JACKSONVILLE FL 32245**

TITLE **D** ☐ Delete
NAME **BLAIS, DAVID J**
STREET ADDRESS **1226 COLT ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3738 Haslett Dr. E.**
CITY-ST-ZIP **Jacksonville, FL 32277**

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

David J. Blais

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01 (904) 465-0013

Date

Daytime Phone #

CR2E034 (10/00)