

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90064 006 ***150.00

DOCUMENT # P00000090377

1. Entity Name

VANGUARD WIRELESS, INC.

Principal Place of Business

**2349 LAKE DEBRA DR. STE 638
 ORLANDO FL 32835**

Mailing Address

**P.O. BOX 617167
 ORLANDO FL 32861-7167**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2349 Lake Debra Dr.

Suite, Apt. #, etc.

Ste. 638

3. Mailing Address

P.O. Box 617167

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando FL

Zip

32835

Country

Orange

Zip

32861

Country

Orange

4. FEI Number

52-2232382

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CRAVEN, TIM

2349 LAKE DEBRA DR, STE 638

ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

Tim Craven

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

2349 Lake Debra Dr. Ste. 638

City

Orlando FL

FL

Zip Code

32835

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 title 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)

☒

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 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 **DP** ☐ Delete
 NAME **CRAVEN, TIM**
 STREET ADDRESS **2349 LAKE DEBRA DR, STE 638**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED
Tim Craven, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02 **(407) 296-4529**

Date

Daytime Phone #

CR2E034 (9/01)