

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096188

1. Entity Name  
AA WIRELESS-SOLUTION, INC.

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90086 023 \*\*\*158.75

Principal Place of Business  
321 IMPERIAL BLVD APT 110  
LAKELAND FL 33803

Mailing Address  
321 IMPERIAL BLVD APT 110  
LAKELAND FL 33803

2. Principal Place of Business  
410 East Beacon Road.  
Suite, Apt. #, etc.

3. Mailing Address  
410 East Beacon Road  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Lakeland, FL

City & State  
Lakeland, FL

4. FEI Number  
59-369 6131

Applied For  
Not Applicable

Zip  
33803

Country  
USA

Zip  
33803

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DR  
CLEARWATER FL 33761

## 7. Name and Address of New Registered Agent

Name  
Ajapoi Anusornpanich.

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

410 East Beacon Road.

City  
Lakeland.

FL

Zip Code  
33803

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  
*Ajapoi Anusornpanich*  
Signature typed or printed name of registered agent and title if applicable

President/CEO

1/6/2001

(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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ANUSORN PANICH, AJAPOI  
321 IMPERIAL BLVD APT 110  
LAKELAND FL 33803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2001

Date

(863) 838-3331

Daytime Phone #

CR2E034 (10/00)