2001 UNIFORM BUSINESS REPORT (UBR)

07-18-2001 90262 001 ***150.00
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000103701

1. Entity Name
AT WIRELESS OF ORLANDO, INC.

Principal Place of Business	Mailing Address
11714 WATERSTAR CT. ORLANDO FL 32837	11714 WATERSTAR CT. ORLANDO FL 32837

2. Principal Place of Business	3. Mailing Address
346 Park Ave, South	346 Park Ave. South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Pk, FL	City & State: Winter Park, FL
Zip: 32789 Country: U.S. ORANGE	Zip: 32789 Country: U.S.

4. FEI Number: 59-3684187 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, MICHAEL A
11714 WATERSTAR CT.
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name: Michael A. Adams
Street Address (P.O. Box Number is Not Acceptable): 11766 Kennington Ct.
City: Orlando FL Zip Code: 32824

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], Michael A. Adams DATE 7/10/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After September 12, 2001 Fee will be $750.00
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	President, Michael A. Adams, 11766 Kennington Ct., Orlando, FL 32824	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Nicole K. Adams, Vice President, 11766 Kennington Ct., Orlando, FL 32824	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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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
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8/24

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 [signature] Michael A. Adams 7/10/01 407-599-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #