

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107342

1. Entity Name  
CELLULAR KING INC

Principal Place of Business  
3161 W OAKLAND PK BLVD ST 330  
OAKLAND PARK FL 33311

Mailing Address  
PO BOX 49002  
FT LAUDERDALE FL 33349

2. Principal Place of Business  
3967 N.W. 19<sup>th</sup>  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 490002  
Suite, Apt. #, etc.

City & State  
Fort Lauderdale FL  
Zip  
33311 Country

City & State  
Ft. Lauderdale FL  
Zip  
33349 Country

4. FRI Number  
65-1087376

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

WALKER, SHAWN  
720 SW 14TH  
DEERFIELD BEACH FL 33441

## 7. Name and Address of New Registered Agent

Name Shawn Walker  
Street Address (P.O. Box Number is Not Acceptable)  
7656 Sanctuary Dr  
City Coral Spring FL Zip Code 33065

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, 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	<input type="checkbox"/> Delete
D	WALKER, SHAWN	720 SW 14 ST	DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/>
	SHAWN Walker	7656 Sanctuary Dr	Coral Spring FL 33065	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Shawn Walker

3/01

561-306-7074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 19, 2001 8:00 am  
Secretary of State

03-19-2001 90016 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CP2E034 (10/00)