

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90015 017 ***158.75

DOCUMENT # P00000107903

1. Entity Name
WIREHEADS, INC.

Principal Place of Business

**902 NE 46TH COURT
 Ocala FL 34470**

Mailing Address

**902 NE 46TH COURT
 Ocala FL 34470**

2. Principal Place of Business

3. Mailing Address

110 Stanley Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Burlingame, CA

Zip

Country

Zip

Country

94010

USA

4. FEI Number

59-3683054

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIYAHIRA, LINDA I
 902 NE 46TH COURT
 Ocala FL 34470**

Name

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

City

FL

Zip Code

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

Linda I. Miyahira 2/6/2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 MIYAHIRA, LINDA J
 902 NE 46TH COURT
 Ocala FL 34470**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VOID

Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DST
 TRAYNOR, SUSAN
 902 NE 46TH COURT
 Ocala FL 34470**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DST
 TRAYNOR, SUSAN
 110 STANLEY ROAD
 BURLINGAME, CA 94010**

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

☐ Delete

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:

Linda I. Miyahira
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-236-4969
Feb. 6, 2002 (after 2/14/02: 352-895-5731)

CR2E034 (9/01)