

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90083 017 \*\*\*150.00

0439845 AN

**DOCUMENT # P00000111335**

1. Entity Name  
**CELLCO USA INC.**



Principal Place of Business

~~800 HWY. 60 WEST~~  
~~LAKE WALES FL 33853~~  
**7100 PARK BLVD N**  
**PINELLAS PARK, FL-33781**

Mailing Address

~~802 WICKET RUN DRIVE~~  
~~BRANDON FL 33510~~  
**2930 MINUTEMAN LANE**  
**BRANDON, FL-33511**



2. Principal Place of Business

**7100 PARK BLVD NORTH**

3. Mailing Address

**2930 MINUTEMAN LANE**

Suite, Apt. #, etc.

**PINELLAS PARK**

Suite, Apt. #, etc.

**BRANDON**

City & State

**FLORIDA**

City & State

**FLORIDA**

Zip

**33781**

Country

**PINELLAS**

Zip

**33511**

Country

**HILLSBOROUGH**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3685255**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KULANGARA, GEORGE**  
**952 WICKET RUN DRIVE**  
**BRANDON FL 33510**

7. Name and Address of New Registered Agent

Name **JACOB J. KULANGARA**

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

**2930 MINUTEMAN LANE**

City

**BRANDON**

FL

Zip Code

**33511**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jacob J. Kulangara*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/22/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME **KULANGARA, JACOB J**  
STREET ADDRESS **2930 MINUTEMAN LANE**  
CITY-ST-ZIP **BRANDON FL 33511**  
**PRESIDENT**

TITLE ☒ Delete  
NAME **KULANGARA, GEORGE**  
STREET ADDRESS **952 WICKET RUN DR.**  
CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☒ Delete  
NAME **KULANGARA, JESSY**  
STREET ADDRESS **952 WICKET RUN DR.**  
CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☒ Delete  
NAME **MOHAN, DAWN**  
STREET ADDRESS **952 WICKET RUN DRIVE**  
CITY-ST-ZIP **BRANDON FL 33510**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **THOMAS P. THOMAS**  
STREET ADDRESS **4724 ELDORADO DR**  
CITY-ST-ZIP **TAMPA, FL-33615**  
**(VICE PRESIDENT)**

TITLE ☐ Change ☒ Addition  
NAME **GEORGE JAMES**  
STREET ADDRESS **2930 MINUTEMAN LANE**  
CITY-ST-ZIP **BRANDON, FL-33511**  
**(SECRETARY)**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jacob J. Kulangara* **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/03 (813)681-4840**

Date

Daytime Phone #

CR2E034 (10/02)