

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91529 002 \*\*\*150.00

**DOCUMENT # P01000001179**

1. Entity Name  
**VENTURECORP WIRELESS SOLUTIONS, INC.**

Principal Place of Business  
**665 REMINGTON FOREST DR.  
 JACKSONVILLE FL 32259**

Mailing Address  
**665 REMINGTON FOREST DR.  
 JACKSONVILLE FL 32259**



2. Principal Place of Business  
**1335 West Brandon Blvd**

3. Mailing Address  
**1335 West Brandon Blvd**

Suite, Apt. #, etc.  
**UNIT E**

Suite, Apt. #, etc.  
**UNIT E**

City & State  
**BRANDON, FL**

City & State  
**BRANDON, FL**

Zip  
**33511**

Country  
**USA**

Zip  
**33511**

Country  
**USA**

4. FEI Number  
**59-3690246**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CAPUTO, VINCENT**  
**665 REMINGTON FOREST DR.**  
**JACKSONVILLE FL 32259**

**7. Name and Address of New Registered Agent**

Name  
**VINCENT CAPUTO**

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 *Vincent Caputo*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/26/02**

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**

TITLE **PD** ☐ Delete  
 NAME **CAPUTO, VINCENT**  
 STREET ADDRESS **665 REMINGTON FOREST DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **VP** ☐ Delete  
 NAME **MOHLER, SEAN**  
 STREET ADDRESS **7544 POTTSBURG LANDING DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

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

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: *Vincent Caputo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/02**

Daytime Phone # **886-542-3557**

CR2E034 (9/01)