

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2003 8:00 am
Secretary of State

06-20-2003 90028 046 ***150.00

DOCUMENT # P01000009723

1. Entity Name
CELLULAR CONNECTIONS UNLIMITED, INC.



Principal Place of Business
1247 ALTAZAR STREET
PALM BAY FL 32909

Mailing Address
1247 ALTAZAR STREET
PALM BAY FL 32909

2. Principal Place of Business

95 Pinetree Dr.

3. Mailing Address

P.O. Box 110045

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indianapolis FL

City & State

Palm Bay FL 32909

Zip
32903

Country

Brevard

Zip

32911

Country

Brevard

4. FEI Number

59-3693919

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HENRY, EDMUND T
1247 ALTAZAR STREET NE
PALM BAY FL 32909

7. Name and Address of New Registered Agent

Name

Henry, Edmund T

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

95 Pinetree Dr.

City

Indianapolis

FL

Zip Code

32903

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

06-05-03

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 P
NAME HENRY, EDMUND T
STREET ADDRESS 1247 ALTAZAR STREET
CITY-ST-ZIP PALM BAY FL 32909

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-05-03 (321) 403-5351

Date

Daytime Phone #

CR2E034 (10/02)