2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 am secretary of State DOCUMENT # P01000023083 1. Entity Name 05-21-2002 90854 031 ***150.00 HIGH SPEED INTERNET ACCESS SOLUTIONS, INC. Principal Place of Business Mailino Address 444 SEABREEZE BLVD. #720 444 SEABREEZE BLVD. #720 DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address 108 01d Carriage Road 108 Old Carriage Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Ponce Inlet, FL Ponce Inlet, FL 4. FEI Number Applied For 59-3710171 Not Applicable Zip Zip 32127 Country Country \$8.75 Additional 5. Certificate of Status Desired 32127 USÁ JUSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fred Jackson ... CALDWELL, SARA Street Address (P.O. Box Number is Not Acceptable) ~444.SEABREEZE:BLVD. #720 <u>108 Old Carriage Road</u> "DAYTONA BEACH FL 32118 City Ponce Inlet 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. April 29, 2002 SIGNATURE ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete CR2E034 (9/01) ☐ Change X Addition CALDWELL, SARA NAME Jackson, Fred 444 SEABREEZE BLVD. #720 STREET ADDRESS STREET ADDRESS 108 Old Carriage Road DAYTONA BEACH FL: 32118 CITY-ST-ZIP CITY-ST-ZIP Ponce Inlet, FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

April 29,

with all other like empowered

P CHILLED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED