FILED
Jul 02, 2002 8:00 am
Secretary of State
05-27-2002 90397 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000023645

1. Entity Name
CONSUMER WIRELESS SOLUTIONS, INC

DO NOT WRITE IN THIS SPACE

96086

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
111 MANATEE ROAD		111 MANATEE ROAD	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State: BELLEAIR, FL		City & State: BELLEAIR, FL	
Zip: 33756	Country: USA	Zip: 33756	Country: USA

4. FEI Number: 59-3751588 — Applied For / Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Carlton Ward, Esq
Street Address (P.O. Box Number is Not Acceptable): 1253 Park St.
~~Clearwater~~
City: Clearwater FL Zip Code 33756

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 ______
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P	TITLE	
NAME	PATRICK CLOUDEN	NAME	
STREET ADDRESS	111 MANATEE ROAD	STREET ADDRESS	
CITY - ST - ZIP	BELLEAIR, FL 33756	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY - ST - ZIP		CITY - ST - ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PATRICK CLOUDEN 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SIFFL32381F1

P.03 Apr-30-02 10:38A