

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90126 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PD1000023645**
 1. Entity Name
 CONSUMER WIRELESS SOLUTIONS, INC.

DO NOT WRITE IN THIS SPACE

20026015

2. Principal Place of Business
 111 MANATEE RD.
 Suite, Apt. #, etc.

3. Mailing Address
 111 MANATEE RD.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 BELLEAIR, FL
 Zip
 33756
 Country
 USA

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4. FCI Number
 59-3751588
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name
 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 _____
 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 \$650.00
 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 NAME STREET ADDRESS CITY - ST - ZIP	CEO CLOUDEN, PATRICK 111 MANATEE RD. BELLEAIR, FL 33756	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *Patrick J. Clouden* Patrick J. Clouden 2/7/03 727-492-8487
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #