

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000040217

FILED
Jan 21, 2002 8:00 AM
Secretary of State

Entity Name: CELL-TEL GOVERNMENT SYSTEMS, INC.

Current Principal Place of Business:

10321 FORTUNE PKWY, STE 200
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10321 FORTUNE PKWY, STE 200
JACKSONVILLE, FL 32256

New Mailing Address:

P. O. BOX 56826
JACKSONVILLE, FL 32241

FEI Number: 59-3725984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, ELIZABETH A
10321 FORTUNE PKWY, STE 200
JACKSONVILLE, FL 32256

Name and Address of New Registered Agent:

WILSON, ELIZABETH A
P. O. BOX 56826
JACKSONVILLE, FL 32241

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: ELIZABETH A. WILSON

01/21/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. () Change (X) Addition
Name: WILSON, ELIZABETH A PRES.
Address: P. O. BOX 56826
City-St-Zip: JACKSONVILLE, FL 32241

Title: MR. () Change (X) Addition
Name: SANDERS, MARTIN L EXEC.VP
Address: P. O. BOX 56826
City-St-Zip: JACKSONVILLE, FL 32241

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH A. WILSON

MS.

01/21/2002

Electronic Signature of Signing Officer or Director

Date