

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000040217

FILED
Jan 07, 2003
Secretary of State

Entity Name: CELL-TEL GOVERNMENT SYSTEMS, INC.

Current Principal Place of Business:

8226 B PHILLIPS HWY
SUITE 290
JACKSONVILLE, FL 322561240

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 56826
JACKSONVILLE, FL 32241

New Mailing Address:

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
P. O. BOX 56826
JACKSONVILLE, FL 32241 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARTIN L SANDERS

VP

01/07/2003

Electronic Signature of Signing Officer or Director

Date