## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000047506

Entity Name: PROJECTCELLULAR.COM INC.

3393 CYPRESS POINT CIRCLE

ST CLOUD, FL 34772

Address:

City-St-Zip:

Apr 03, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3393 CYPRESS POINT CIRCLE ST CLOUD, FL 34772 **Current Mailing Address: New Mailing Address:** 3393 CYPRESS POINT CIRCLE ST CLOUD, FL 34772 FEI Number: 59-3718952 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANDERSON, DAVID 3393 CYPRÉSS POINT CIRCLE ST CLOUD, FL 34772 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition ANDERSON, DAVID Name: Name: 3393 CYPRESS POINT CIRCLE Address: Address: City-St-Zip: ST CLOUD, FL 34772 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: ANDERSON, ANN 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: DAVID C ANDERSON D 04/03/2002