

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90034 009 ***150.00

DOCUMENT # PO10000048032 ✓
1. Entity Name
WIRELESS MANAGEMENT SOLUTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4217 Westminister Rd
 Suite, Apt. #, etc.
3. Mailing Address 4217 Westminister Road
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State SEBRING, FLORIDA
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Zip 33872 **Country** USA
Zip 33872 **Country** USA

4. FEI Number 605-111277Z
 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 JAMES L. LIVINGSTON
Street Address (P.O. Box Number is Not Acceptable)
445 S. Commerce Avenue
City SEBRING **FL** **Zip Code** 33870

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 NAME STREET ADDRESS CITY - ST - ZIP	<u>PSTD</u> <u>WILLIAM A. DIBBLE</u> <u>4217 WESTMINSTER ROAD</u> <u>SEBRING, FLORIDA 33872</u>	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: _____ 4/30/02 863-385-2364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #