## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

P0100053428



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90291 006 \*\*\*150.00

. Entity Name WIRELESS DIGITAL SOLUTIONS, INC.		
Principal Place of Business 10584-15 OLD ST AUGUSTINE RD NACKSONVILLE FL 32257	Mailing Address 10584-15 OLD ST AUGUSTINE RD	

JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Q-CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3721410 Not Applicable Zip Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent PROFFITT, MICHAEL 10584-15 OLD ST AUGUSTINE RD Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32257 City 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. I am familiar with, and accept Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE -FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE PROFFITT, MICHAEL NAME Change Addition 10584-15 OLD ST AUGUSTINE RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change  $\square$  Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 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 10 or Block 11 if

SIGNATURE:

Date

Daytime Phone #