

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000083396  
 1. Entity Name  
 BIG BOX CELLULAR, INC.

FILED  
 May 19, 2002 8:00 am  
 Secretary of State

05-19-2002 90030 026 \*\*\*158.75

Principal Place of Business  
 3815 SUNBEAM CT.  
 MERRITT ISLAND FL 32953

Mailing Address  
 3815 SUNBEAM CT.  
 MERRITT ISLAND FL 32953



2. Principal Place of Business <b>5360 NORTH ATLANTIC AVE</b> Suite, Apt. #, etc. <b>A</b>	3. Mailing Address <b>5360 NORTH ATLANTIC AVE</b> Suite, Apt. #, etc. <b>A</b>		
City & State <b>COCOA BEACH FL</b>	City & State <b>COCOA BEACH FL</b>		
Zip <b>32931</b>	Country <b>USA</b>	Zip <b>32931</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent HARGIS, CRAIG 3815 SUNBEAM CT. MERRITT ISLAND FL 32953		7. Name and Address of New Registered Agent Name <i>[Signature]</i> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code <b>2-4-02</b>	
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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) <b>2-4-02</b>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARGIS, CRAIG 3815 SUNBEAM CT. MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, DAVID 5922 DEER LANE COCOA FL 32927	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-02

(321) 537-7789

Date

Daytime Phone #