

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-19-2002 90030 026 ***158.75

DOCUMENT # P01000083396

1. Entity Name

BIG BOX CELLULAR, INC.

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

5360 NORTH ATLANTIC AVE

Suite, Apt. #, etc.

A

3. Mailing Address

5360 NORTH ATLANTIC AVE

Suite, Apt. #, etc.

A

City & State

Cocoa Beach FL

City & State

Cocoa Beach FL

Zip

32931

Country

USA

Zip

32931

Country

USA

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and firm, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2-4-02**

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☒

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.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HARGIS, CRAIG**
STREET ADDRESS **3815 SUNBEAM CT.**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **D** ☒ Delete
NAME **NORRIS, DAVID**
STREET ADDRESS **5922 DEER LANE**
CITY-ST-ZIP **Cocoa FL 32927**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-02

Date

(321) 537-7789

Daytime Phone #

CR2E034 (9/01)