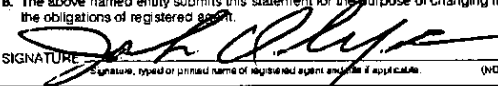
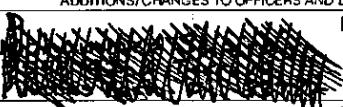
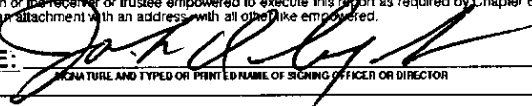


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084805			
1. Entity Name CELLSITE OF BARDMOOR, INC.			
Principal Place of Business 8802 ROCKY CREEK DR., STE. 104 TAMPA, FL 33615		Mailing Address 8802 ROCKY CREEK DR., STE. 104 TAMPA, FL 33615	
2. Principal Place of Business 10801 Starkey Rd Suite, Apt. #, etc. 14		3. Mailing Address 2938 Heather Trail Suite, Apt. #, etc.	
City & State Seminole FL		City & State Clearwater FL	
Zip 33773		Zip 33761	
Country		Country	
4. FEI Number 59-3741366		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLEJNIK, JOHN 2938 HEATHER TRAIL CLEARWATER, FL 33761		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 or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4-28-03 (NOTE: Registered Agent signature required when registering)			
FILE NOW! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ALL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D, P, T OLEJNIK, JOHN 2938 HEATHER TRAIL CLEARWATER, FL 33761 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP  ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CLARK, JOHN A 210 CEDAR KEY CT. OLDSMAR, FL 34677 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D CLARK, JOSEPH M 2500 WINDING CREEK BLVD., #C201 CLEARWATER, FL 33761 ☒ Delete		TITLE NAME STREET ADDRESS CITY-CT-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
(SIGNATURE:  DATE 4-29-03		727-8546	

90130771



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)