

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90096 027 \*\*\*558.75

**DOCUMENT # P01000103257**

1. Entity Name  
**WIRELESS RETAIL SERVICES, INC.**



Principal Place of Business  
**7151 LAKE ELLENOR DRIVE  
ORLANDO FL 32809**

Mailing Address  
**7151 LAKE ELLENOR DRIVE  
ORLANDO FL 32809**



2. Principal Place of Business

3. Mailing Address

**804 A Eyrie Drive**

**804 A Eyrie Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Orlando FL**

City & State

**Orlando FL**

4. FEI Number **59-3753158**

Applied For

Not Applicable

Zip

Country

**32765 USA**

Zip

Country

**32765 USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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 11

TITLE ☐ Delete  
NAME **D CHIORANDO, JOHN S**  
STREET ADDRESS **7151 LAKE ELLENOR DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **804A Eyrie Dr**  
CITY-ST-ZIP **Orlando, FL 32765**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/20/03**

Date

**407-977-9696**

Daytime Phone #

CR2E034 (4/03)