

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

FILED
May 01, 2003 8:00 am
Secretary of State

0023295
AV

05-01-2003 90992 042 ***150.00

DOCUMENT # P02000011670

1. Entity Name
POWELL WIRELESS CORP.



Principal Place of Business
5732 NORMANDY BLVD.
SUITE 3 BOX 16
JACKSONVILLE FL 32205

Mailing Address
5732 NORMANDY BLVD.
SUITE 3 BOX 16
JACKSONVILLE FL 32205

2. Principal Place of Business
5528 Normandy Blvd.
Suite, Apt. #, etc.

3. Mailing Address
5528 Normandy Blvd
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip 32205 Country USA

City & State
Jacksonville, FL
Zip 32205 Country USA

4. FEI Number 043601055
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required No



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

POWELL, SHIRLEY D
1591 S. LANE AVE
APT. 10H
JACKSONVILLE FL 32205

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 *Shirley D. Powell*

4/25/03

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
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 NAME STREET ADDRESS CITY-ST-ZIP	P POWELL, KEITHRON D 1591 S. LANE AVE. APT. 10H JACKSONVILLE FL 32205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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: *Keithron D. Powell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 (904) 983-8455
Date Daytime Phone #

CR2E034 (10/02)