

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0023295
AV

DOCUMENT # P02000011670

1. Entity Name
POWELL WIRELESS CORP.



05-01-2003 90992 042 ***150.00

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.



CHECK HERE IF MAKING CHANGES

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **P** Delete
NAME **POWELL, KEITHRON D**
STREET ADDRESS **1591 S. LANE AVE. APT. 10H**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
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: *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)