

FILED  
Jun 24, 2003 8:00 am  
Secretary of State

06-24-2003 90011 040 \*\*\*150.00

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

DOCUMENT # P02000019418

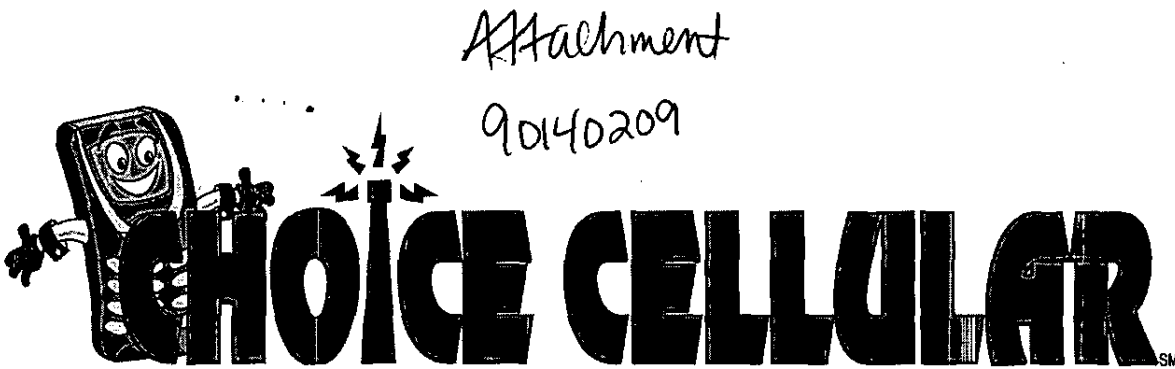
1. Entity Name  
CHOICE CELLULAR OF ORLANDO, INC.



90140209

Principal Place of Business 3800 TAMPA ROAD OLDMAR, FL 33602		Mailing Address 3800 TAMPA ROAD OLDMAR, FL 33602	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0605171		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BEYER, DAVID A 101 EAST KENNEDY BLVD., SUITE 2000 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Erik T Bell Street Address (P.O. Box Number is Not Acceptable) 3800 TAMPA RD City OLDSMAR FL Zip Code 34677	
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	
FEE: \$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. <input type="checkbox"/> \$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	0 BELL, ERIK 3800 TAMPA ROAD OLDMAR, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		813-891-4200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)



June 18, 2003

Department of State  
Department of Corporations  
Corporate Filings  
PO Box 6327  
Tallahassee, FL 32314

RE: UBR for 2003 #P02000019418

To Whom It May Concern:

This letter is to request that the late fee for this filing be waived due to the fact that the notice was never received. The mailing address that was on file was incorrect, which is the reason we are so late on paying this fee.

I have enclosed both the UBR form and check for \$150.00. I have also made the address correction so that in the future this can be avoided.

If you have any questions or need any assistance please feel free to contact my Office Manager, Linda Diaz, at 813-891-4200.

Sincerely,



Erik T. Bell  
President