

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90455 010 \*\*\*158.75

DOCUMENT # P02000030761

1. Entity Name  
CDMA WIRELESS ACADEMY, INC.



Principal Place of Business  
759 HAWKSBEEL ISLAND DRIVE  
SATELLITE BEACH FL 32937

Mailing Address *bill*  
759 HAWKSBEEL ISLAND DRIVE  
SATELLITE BEACH FL 32937

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

33-0842132

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CHITTY, ROBERT L  
1360 S PATRICK DRIVE  
SATELLITE BEACH FL 32937

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

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

TITLE D ☐ Delete  
NAME TRUCE, ARLENE *bill*  
STREET ADDRESS 759 HAWKSBEEL ISLAND DRIVE  
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE D ☐ Delete  
NAME TASOOJI, MATTHEW  
STREET ADDRESS 851 COCOS DRIVE  
CITY-ST-ZIP SAN MARCOS CA 92126

TITLE D ☐ Delete  
NAME ROTH, ROBERT D.  
STREET ADDRESS 759 HAWKSBEEL ISLAND DRIVE  
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☐ Addition  
NAME Allen-Buono, Arlene  
STREET ADDRESS 759 Hawksbill Isl. Dr.  
CITY-ST-ZIP Satellite Beach, FL 32937

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

TITLE ☒ Change ☐ Addition  
NAME Roth, Robert D.  
STREET ADDRESS 2585 Jefferson St., #8  
CITY-ST-ZIP Carlsbad, CA 92008

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

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

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 of Robert D. Roth* 1/23/03 321-779-1028  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)