2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Sep 10, 2003 8:00 am Secretary of State P02000052150 **DOCUMENT #** 09-10-2003 90066 008 ***150.00 1. Entity Name NEXTWAVE COMPUTERS. INC. Principal Place of Business Mailing Address 1825 TAMIAMI TRAIL.UNIT B-3 1825 TAMIAMI TRAIL.UNIT B-3 PORT CHARLOTTE FL 33948 PORT CHARLOTTE FL 33948 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State Not Applicable 02-0602369 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent - -------WELCHMAN, THOMAS Street Address (P.O. Box Number is Not Acceptable) 1825 TAMIAMI TRAIL, UNIT B-3 PORT CHARLOTTE FL 33948 City 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. THOMAS WELCHMAN SIGN Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE WELCHMAN, THOMAS NAME NAME STREET ADDRESS 1825 TAMIAMI TRAIL, UNIT B-3 STREET ADDRESS PORT CHARLOTTE FL 33948 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME WELCHMAN, LUCILLE NAME STREET ADDRESS 1825 TAMIAMI TRAIL, UNIT B-3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PORT CHARLOTTE FL 33948** Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 emp

TITL F

NAME STREET ADDRESS

NAME

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

Delete

☐ Delete

SIGNATURE:

NAME

TITLE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

☐ Change

☐ Change

☐ Addition

☐ Addition

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attachment



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08 September 2003

To Whom it may concern,

As provided in the "Frequently Asked Questions" section of the Uniform Business Report (UBR), I am requesting that the late fee be waived. My corporation did not receive any UBR notifications before the late notification. Unfortunately, due to the retirement of our on-staff bookkeeper and also to the fact that we moved the physical location of the corporation, I believe that the original notification never reached my company.

Thank you again for waiving the late fees. Please feel free to contact myself for any questions you may have.

Sincerely,

Thomas Welchman, President Nextwave Computers, Inc.