

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

02-10-2003 90202 012 ***150.00

DOCUMENT # P02000067318

1. Entity Name
NO WIRES CONSULTING, INC.



Principal Place of Business

**1907 COMMERCE LANE STE 104
JUPITER FL 33458**

Mailing Address

**1907 COMMERCE LANE STE 104
JUPITER FL 33458**

2. Principal Place of Business

**124 13th Ave. S.
Suite, Apt. #, etc.**

3. Mailing Address

**124 13th Ave. S.
Suite, Apt. #, etc.**

City & State

Naples, Fla.

City & State

Naples, Fla.

Zip

34102

Country

USA

Zip

34102

Country

USA

4. FEI Number

30 009 1985

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fec. Required**

6. Name and Address of Current Registered Agent

**MALLORY, EARL K
1907 COMMERCE LANE STE 104
JUPITER FL 33458**

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 **BRAINARD, DAN K**
STREET ADDRESS **124 13TH AVE, S**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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)(l), 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 employment.

SIGNATURE:

DAN KING BRAINARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03

Date

Daytime Phone #

CR2E034 (10/02)