

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90463 017 ***150.00

0467306 AV

DOCUMENT # P02000073384

1. Entity Name
AIR WIRE INC.



Principal Place of Business
**12702 FOUR OAKS ROAD
TAMPA FL 33624**

Mailing Address
**12702 FOUR OAKS ROAD
TAMPA FL 33624**



2. Principal Place of Business

3. Mailing Address

4119 GUNN HIGHWAY

4119 GUNN HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 14

SUITE 14

City & State

City & State

TAMPA, FLORIDA

TAMPA, FLORIDA

Zip

Country

Zip

Country

33624

UNITED STATES

33624

UNITED STATES

4. FEI Number

04-3700708

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

7. Name and Address of New Registered Agent

**COLE, KAREN A
12702 FOUR OAKS ROAD
TAMPA FL 33624**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VICE PRESIDENT, SECRETARY**
STREET ADDRESS **SCOTT MILNER**
CITY-ST-ZIP **709 COUNTRY CLUB DRIVE
TAMPA, FLORIDA 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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: **SCOTT MILNER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03

Date

813-969-1502

Daytime Phone #

CR2E034 (10/02)