

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90177 027 ***150.00

DOCUMENT # P02000093486

1. Entity Name
E.C.C. WIRELESS, INC.



Principal Place of Business
**719 7TH STREET
SUITE 5
CHIPLEY FL 32428**

Mailing Address
**719 7TH STREET
SUITE 5
CHIPLEY FL 32428**

2. Principal Place of Business

3. Mailing Address
PO Box 547

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Chipley, Florida

4. FEI Number
04-3710007

Applied For
Not Applicable

Zip

Country

Zip
32428

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RICHARDS, HAROLD
719 7TH STREET
SUITE 5
CHIPLEY FL 32428**

7. Name and Address of New Registered Agent

Name **Timothy C. Trawick**
Street Address (P.O. Box Number is Not Acceptable)
465 Bahama Road
City **Chipley** **FL** Zip Code **32428**

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 *Timothy C. Trawick* / **Timothy C. Trawick, President** **April 28, 2003**
Signature, typed or printed name of registered agent and fee, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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: *Timothy C. Trawick* / **Timothy C. Trawick, President** **04/28/2003** **(850)415-7118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)