

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000110618

1. Entity Name
RAPID WIRELESS OF FLORIDA, INC.



Principal Place of Business
1461 BANKS ROAD
MARGATE, FL 33063

Mailing Address
1461 BANKS ROAD
MARGATE, FL 33063



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2382729

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LITTLE, BRUCE
1881 NE 26TH STREET
SUITE 40
FT. LAUDERDALE, FL 33305

**DO NOT WRITE
IN THIS SPACE**

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

Douglas B. Sinclair Pres.
DOUGLAS B. SINCLAIR PRES. 01/15/04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
SINCLAIR, DOUGLAS B
PO BOX 936012
MARGATE, FL 33093

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000011615
01/23/04-80044-017 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *Douglas B. Sinclair Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #