

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90152 026 \*\*\*158.75

**DOCUMENT # P02000127085**

1. Entity Name

SKYWEB WIRELESS, INC.



Principal Place of Business

18191 GOODMAN CIRCLE  
PORT CHARLOTTE FL 33948  
US

Mailing Address

18191 GOODMAN CIRCLE  
PORT CHARLOTTE FL 33948  
US

2. Principal Place of Business

18691 GOODMAN CIRCLE

3. Mailing Address

18691 GOODMAN CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FLORIDA

City & State

PORT CHARLOTTE FLORIDA

Zip

33948

Country

U.S.A.

Zip

33948

Country

U.S.A.

4. FEI Number

57-1145312

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

FLORIDA STATE INCORPORATION SERVICES, INC.  
8699 PLUTO WAY  
LAKE PARK FL 33403

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIR.  
CAMPBELL, CECIL  
18191 GOODMAN CIRCLE  
PORT CHARLOTTE FL 33948

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
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☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Do not Sign Here

CR2E034 (10/02)