## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P93000002840 1. Entity Name SUNCOAST CELLULAR OF SOUTHWEST FLORIDA, INC. 04-23-2001 90016 014 \*\*\*150.00 Mailing Address Principal Place of Business 204 S. PARROTT AVE 204 S. PARROTT AVE OKEECHOBEE FL 34974 OKEECHOBEE FL 34974 642687 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name HEWITT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 204 S. PARROTT AVE **OKEECHOBEE FL 34974** Zip Code City FL nt for the **gurb**ose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity µbmits SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent ar FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE NAME HEWITT, DANIEL L NAME STREET ADDRESS STREET ADDRESS 1060 SE 21 ST CITY-ST-ZIP CITY-ST-7IP OKEECHOBEE FL ☐ Addition TITLE Change Change Delete TITLE NAME TINSLEY, DAVID NAME STREET ADDRESS STREET ADDRESS 204 S PARROTT AVE CITY-ST-ZIP CITY-ST-ZIP **OKEECHOBEE FL 34974** Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 of supplemental report is true 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 trustice enhancement of the receiver or trustice enhancement of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted or on an attackment with an address, without the like enhancement. nent with an ad changed, or on an atta

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR