

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000034016

1. Entity Name
ALL CELLULAR, INC.

Principal Place of Business

700 E. MICHIGAN AVE.
SUITE 102
ORLANDO FL 32806
US

Mailing Address

111 N. ORANGE AVE.
SUITE 1200
ORLANDO FL 32801
US

2. Principal Place of Business

700 E. Michigan St.
Suite 102

3. Mailing Address

Suite, Apt. #, etc.
Suite 102

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32806

Country

US

Zip

32801

Country

US

6. Name and Address of Current Registered Agent

LOCKHARD, LARRY
111 NORTH ORANGE AVENUE
#1200
ORLANDO FL 32802

7. Name and Address of New Registered Agent

Name Shams, Maurice
Street Address (P.O. Box Number is Not Acceptable)
111 N. Orange Avenue #1200
City Orlando FL Zip Code 32801

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.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE 9/6/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME P LOCKARD, LARRY
STREET ADDRESS 111 N. ORANGE AVE., #1200
CITY-ST-ZIP ORLANDO FL ☒ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME D Huhn, Clete F. ☐ Change ☒ Addition
STREET ADDRESS 1100 S. Orange Avenue
CITY-ST-ZIP Orlando, FL 32806

TITLE NAME D Moran, Thomas P. ☐ Change ☒ Addition
STREET ADDRESS 111 N. Orange Avenue #1200
CITY-ST-ZIP Orlando, FL 32801

TITLE NAME D Shams, Maurice ☐ Change ☒ Addition
STREET ADDRESS 111 N. Orange Avenue #1200
CITY-ST-ZIP Orlando, FL 32801

TITLE NAME D Hiatt, Jack ☐ Change ☒ Addition
STREET ADDRESS 3033 Mercy Drive
CITY-ST-ZIP Orlando, FL 32808

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Resident Agent Sept 06/01

Date

Daytime Phone #

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90013 003 ***550.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)