

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

0495892

**DOCUMENT # P94000083783**

1. Entity Name

**WIRELESS SUPPORT SPECIALISTS, INC.**

03-22-2001 90021 027 \*\*\*150.00

Principal Place of Business

Mailing Address

**3725 PARKWAY DR.  
MELBOURNE FL 32934**

**P.O. BOX 360897  
MELBOURNE FL 32951**

2. Principal Place of Business

**3725 Parkway Dr**

3. Mailing Address

**3725 Parkway Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Melbourne FL**

City & State

**Melbourne FL**

Zip

**32934**

Country

**Brevard**

Zip

**32934**

Country

**Brevard**

4. FEI Number

**59-2273265**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GROVES, BENJAMIN LARRY  
3725 PARKWAY DR  
MELBOURNE FL 32934**

7. Name and Address of New Registered Agent

Name **Benjamin Larry Groves**  
Street Address (P.O. Box Number is Not Acceptable)  
**3725 Parkway Dr**  
City **Melbourne** FL Zip Code **32934**

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

*Benjamin Larry Groves*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**March 19, 2001**

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PST**  
STREET ADDRESS **GROVES, BENJAMIN L**  
CITY-ST-ZIP **3725 PARKWAY DR  
MELBOURNE BEACH FL 32934**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 19, 2001 321-254-5881**

Date

Daytime Phone #

CR2E034 (10/00)