

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90055 035 ***150.00

DOCUMENT # P96000004192

1. Entity Name

LIBERTY WIRELESS, INC.

Principal Place of Business

**1214 E. FOWLER AVE.
TAMPA FL 33612
US**

Mailing Address

**27709 SKYLAKE CIR.
WESLEY CHAPEL FL 33543**

2. Principal Place of Business

3. Mailing Address

1214 E. FOWLER AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FLORIDA

Zip

Country

Zip

Country

33612**USA**

4. FEI Number

59-3353342

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASTERS, NIKLESH H
2435 NEW TAMPA HIGHWAY
LAKELAND FL 33801**

Name

NIK MASTERS

Street Address (P.O. Box Number is Not Acceptable)

1214 E. FOWLER AVE.

City

TAMPA, FL**FL**

Zip Code

33612

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 **NIK MASTERS PRESIDENT**

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

(NOTE: Registered Agent signature required when relistating)

@ Nik Masters**1/15/2001**

DATE

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MASTERS, NIKLESH H	
STREET ADDRESS	2435 NEW TAMPA HWY.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MASTERS, ASMITA	
STREET ADDRESS	2435 NEW TAMPA HWY.	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIK MASTERS	
STREET ADDRESS	1214 E. FOWLER AVE	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASMITA MASTERS	
STREET ADDRESS	1214 E. FOWLER AVE	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **NIK MASTERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2001

Date

(813) 991-7013

Daytime Phone #

CR2E034 (10/00)