

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90087 015 \*\*\*150.00

**DOCUMENT #** P96000026506

**1. Entity Name**  
WIRELESS PLUS, INC.



**Principal Place of Business**  
18873 US 19TH N  
CLEARWATER FL 33764  
US.

**Mailing Address**  
31581 US 19 N  
PALM HARBOR FL 34684  
US

**2. Principal Place of Business**  
31465 US 19 N.  
Suite, Apt. #, etc.

**3. Mailing Address**  
31465 US 19 North  
Suite, Apt. #, etc.

**City & State**  
PALM Harbor  
**Zip** 34684  
**Country** USA

**City & State**  
PALM Harbor, FL  
**Zip** 34684  
**Country** USA

**4. FEI Number** 59-3366777

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CHAPMAN, JAMES A  
18873 US HWY 19 N  
CLEARWATER FL 33764

**7. Name and Address of New Registered Agent**

**Name** JAMES A. CHAPMAN  
**Street Address (P.O. Box Number is Not Acceptable)**  
31465 US 19 N.  
**City** PALM Harbor, **FL** **Zip Code** 34684

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

(NOTE: Registered Agent signature required when reinstating)

**1-15-03**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	P	<input type="checkbox"/> Delete
<b>NAME</b>	CHAPMAN, JAMES A	
<b>STREET ADDRESS</b>	526 OLD OAK CIR.	
<b>CITY-ST-ZIP</b>	PALM HARBOR FL 34683	
<b>TITLE</b>	VP	<input type="checkbox"/> Delete
<b>NAME</b>	CHAPMAN, W.S.	
<b>STREET ADDRESS</b>	18873 US 19 N	
<b>CITY-ST-ZIP</b>	CLEARWATER FL 33764	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	31465 US 19 N.	
<b>CITY-ST-ZIP</b>	PALM Harbor, FL 34684	
<b>TITLE</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>	31465 US 19 N.	
<b>CITY-ST-ZIP</b>	PALM Harbor, FL 34684	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

CR2E034 (10/02)

**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

JAMES A. CHAPMAN 1/15/03 727.789.0088  
Date Daytime Phone #