

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90044 035 ***150.00

DOCUMENT # P96000046780

1. Entity Name
SUNTREE CELLULAR INC.

Principal Place of Business

PINEDA CAUSEWAY, #104
FL 32940

Mailing Address

2955 PINEDA CAUSEWAY, #104
MELBOURNE FL 32940-7306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3700 N Harbour City Blvd

Suite, Apt., etc.

Suite 2B

City & State

Melbourne FL

Zip

32935

Country

USA

3. Mailing Address

P.O. Box 2414

Suite, Apt., etc.

City & State

Melbourne FL

Zip

32902

Country

USA

4. FEI Number 59-3380159

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, JESSE

2955 PINEDA CAUSEWAY, #104

MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

Nelson, Jesse

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

3700 N. Harbor City Blvd. Suite 2-B

City

Melbourne

FL

Zip Code

32935

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, JESSE	
STREET ADDRESS	2955 PINEDA CAUSEWAY, #104	
CITY-ST-ZIP	MELBOURNE FL 32940	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	3700 N. Harbor City Blvd. Suite 2B
CITY-ST-ZIP	Melbourne, FL 32935
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	
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:

Jesse Nelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/00

Daytime Phone #

321-259-5015

CR2E034 (9/99)