

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90231 033 ***150.00

DOCUMENT # P96000055247

1. Entity Name
WIRELESS COMMUNICATION SERVICES, INC.



Principal Place of Business
**378 SE. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34984**

Mailing Address
**378 S.E. PORT ST.LUCIE BLVD.
PORT ST. LUCIE FL 34984**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0677430**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SINGH, DAVID
2441 S.W. HALISSEE STREET
PORT ST. LUCIE FL 34953**

Name **DAVID SINGH.**

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

378 SE Port St. Lucie Blvd

City **Port St. Lucie**

FL

Zip Code **34984**

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 **DAVID SINGH**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/7/03
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

TITLE **D** ☐ Delete
NAME **SINGH, DAVID**
STREET ADDRESS **185 OSPREY RIDGE WAY**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34984**

TITLE **D** ☒ Change ☐ Addition
NAME **SINGH, DAVID**
STREET ADDRESS **378 SE Port St. Lucie Blvd**
CITY-ST-ZIP **Port St. Lucie, FL 34984**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

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: **DAVID SINGH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03
Date

772-20-6783
Daytime Phone #

CR2E034 (10/02)