

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058953

1. Entity Name

WIRELESS VENTURES OF WEST VIRGINIA, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90145 033 ***150.00

Principal Place of Business

Mailing Address

3110 CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32308

3110 CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32308-3708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3391348

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

BOYLE, DENNIS O.
3110 CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32308

Name Phipps Ventures, Inc.

Street Address (P.O. Box Number is Not Acceptable)
3110 Capital Circle NE

City

Tallahassee

FL

Zip Code

32308

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

By: *David E. Wilder*

DAVID E. WILDER, VP

DATE

4/25/00

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 PD ☐ Delete

NAME BOYLE, DENNIS O
STREET ADDRESS 3110 CAPITAL CIRCLE N.E.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VSTD ☐ Delete

NAME LANE, WILLIAM H
STREET ADDRESS 3110 CAPITAL CIRCLE N.E.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ Delete

NAME PHIPPS, JOHN E
STREET ADDRESS 3110 CAPITAL CIRCLE N.E.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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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:

DENNIS O. BOYLE, PRES. 4/25/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #