

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065335

1. Entity Name

CAPITAL CELLULAR, INC.

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90308 034 ***150.00

Principal Place of Business

2783 CAPITAL CR NE
STE 100
TALLAHASSEE FL 32308
US

Mailing Address

2783 CAPITAL CR NE
STE 100
TALLAHASSEE FL 32308
US

2. Principal Place of Business

2748 CAPITAL Circle NE

Suite, Apt. #, etc.

100

City & State

TALL, FL

Zip

Country

32308

3. Mailing Address

2748 CAPITAL Circle NE

Suite, Apt. #, etc.

100

City & State

TALL, FL

Zip

Country

32308



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3409141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, ROBERT E III
2783-C CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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

TITLE D ☐ Delete
NAME DOUGLAS, ROBERT E III
STREET ADDRESS 3448 MONITOR LANE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D ☐ Delete
NAME DOUGLAS, CHERRY H
STREET ADDRESS 3448 MONITOR LANE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)