

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000089180**1. Entity Name
WIRELESS SPECIALTIE'S, INC.

| | |
|-----------------------------|----------------------|
| Principal Place of Business | Mailing Address |
| 249 WEST S.R. #436 | PO BOX 161715 |
| 1073 | |
| ALTAMONTE SPRINGS FL | ALTAMONTE SPRINGS FL |
| 32714 US | 32716 US |

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

59-3415265

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**HOLDEN TINA**
1192 CRISPWOOD CT.**APOPKA FL**
32703 US**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 **TINA MARIE HOLDEN****04/30/2001**

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

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | PCEO | <input type="checkbox"/> Delete |
| NAME | HOLDEN TINA | |
| STREET ADDRESS | 249 WEST S.R. 36, STE. 1073 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | |

| | | |
|----------------|------------------------------|--|
| TITLE | PCEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLDEN TINA | |
| STREET ADDRESS | 249 WEST S.R. 436, STE. 1073 | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | |

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| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |

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| 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: Tina Marie Holden**PCEO 04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)