

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90390 040 \*\*\*150.00

**DOCUMENT # P96000095534**

1. Entity Name

**NORTH FLA. CELLULAR ADVANTAGE, INC.**

Principal Place of Business

**114 1/2 N 19TH ST.  
 PALATKA FL 32177**

Mailing Address

**114 1/2 N 19TH ST.  
 PALATKA FL 32177**

2. Principal Place of Business

3. Mailing Address

**310 Hwy 19 South**  
 Suite, Apt. #, etc.

**310 Hwy 19 South**  
 Suite, Apt. #, etc.

City & State

**Palatka FL**

**32177**

Country

**Putnam**

City & State

**Palatka FL**

**32177**

Country

**Putnam**

4. FEI Number

**59-3414220**

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

**HILTON, CONNIE  
 7350 CRILL AVE  
 PALATKA FL 32177**

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

*Connie Hilton*

*4/23/02*

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, 2002 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 **P** ☐ Delete  
 NAME **CLOSE, CALVIN**  
 STREET ADDRESS **RT 3 BOX 5832**  
 CITY-ST-ZIP **PALATKA FL**  
*our mailing address converted*

TITLE ☒ Change ☐ Addition  
 NAME **297 Peniel Church Rd.**  
 STREET ADDRESS **Palatka FL 32177**  
 CITY-ST-ZIP

TITLE **ST** ☐ Delete  
 NAME **CLOSE, KAREN R**  
 STREET ADDRESS **RT 3 BOX 5832**  
 CITY-ST-ZIP **PALATKA FL**  
*to our all physical address*

TITLE ☒ Change ☐ Addition  
 NAME **297 Peniel Church Rd**  
 STREET ADDRESS **Palatka FL 32177**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Delete  
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 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:

*Karen R Close*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Karen R Close*

*4/23/02*  
 Date

*3863258606*  
 Daytime Phone #

CR2E034 (9/01)