

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007018

1. Entity Name

SOUTHEASTERN WIRELESS GROUP, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90387 035 ***158.75

Principal Place of Business
425 SW 33RD AVE
SUITE F
OCALA FL 34474
US

Mailing Address
PO BOX 77358
OCALA FL 34477
US

2. Principal Place of Business
1601 NE 25TH AVE
Suite, Apt. #, etc.
Unit 602

3. Mailing Address
1601 NE 25TH AVE
Suite, Apt. #, etc.
Unit 602

City & State
OCALA FL

City & State
OCALA FL

Zip
34470

Country
MARION

Zip
34470

Country
MARION

4. FEI Number 59-3429080

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MOSIEUR, MICHAEL H
425 SW 33RD AVE
OCALA FL 34474

7. Name and Address of New Registered Agent
Name
mosieur, MICHAEL H.
Street Address (P.O. Box Number is Not Acceptable)
1601 NE 25TH AVE
Unit 602
City
OCALA FL Zip Code
34470

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSIEUR, MICHAEL H 425 SW 33RD AVE OCALA FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P mosieur michael H 1601 NE 25TH AVE Unit 602 OCALA, FL 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSIEUR, MATTHEW G 425 SW 33RD AVE OCALA FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP mosieur, MATTHEW G 1601 N.W 25TH AVE Unit 602 OCALA, FL 34470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: * *Michael Mosieur* MICHAEL MOSIEUR 3/24/01 352/369/1655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0628468

CR2E034 (10/00)