

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012273

1. Entity Name

CELLULAR SALES AND PAGING, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90085 017 ***150.00

Principal Place of Business

Mailing Address

8787 SOUTHSIDE BLVD #2502
JACKSONVILLE FL 32256

1720 COUNTRY WALK DRIVE
ORANGE PARK, FLORIDA 32073

2. Principal Place of Business

3. Mailing Address

1720 COUNTRY WALK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORANGE PARK, FL. 32073

4. FEI Number

59-3424075

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBBS, KIMBERLY A
1720-COUNTRY WALK DRIVE
ORANGE PARK, FLORIDA 32073

Name

Street Address (P.O. Box Number is Not Acceptable)
1720 COUNTRY WALK DRIVE

ORANGE PARK, FLORIDA 32073

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
COBBS, KIMBERLY A
8787 SOUTHSIDE BLVD #2502
JACKSONVILLE FL 32256 ☐ Delete

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

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COBBS, KIMBERLY A
8787 SOUTHSIDE BLVD #2502
JACKSONVILLE FL 32256 ☐ Delete

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CITY-ST-ZIP
☐ Change ☐ 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:

Kimberly A Cobbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00
Date

904-616-0101
Daytime Phone

CR2E034 (9/99)