2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

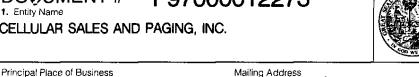
DOCUMENT # 1. Entity Name

10300 SOUTHSIDE BLVD #4130

JACKSONVILLE FL 32256

P97000012273

CELLULAR SALES AND PAGING, INC.



1720 COUNTRY WALK DRIVE

ORANGE PARK FL 32003

. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Jan 31, 2003 8:00 am **Secretary of State**

01-31-2003 90105 009 ***150.00

90014342



☐ CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number 59-3424075	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					
COBBS, KIMBERLY A 1720 COUNTRY WALK DRIVE ORANGE PARK FL 32073		Name Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
			City		FL Zip Code
	ned entity submits this statement of registered agent.	ent for the purpose of char	nging its registered office or re	gistered agent, or both, in the State of Florid	ia. I am familiar with, and accept

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition **PVST** ☐ Delete NAME COBBS, KIMBERLY A NAME STREET ADDRESS STREET ADDRESS 1720 COUNTRY WALK DR. CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32003** ☐ Delete TITLE ☐ Change ☐ Addition NAME COBBS, KIMBERLY A STREET ADDRESS STREET ADDRESS 1720 COUNTRY WALK DR CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32003** TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: