

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90013 032 ***150.00

DOCUMENT # P97000012465

1. Entity Name

REPEATER SOLUTIONS, INC.

Principal Place of Business

10 FLAGG STREET
DAYTONA BEACH FL 32117

Mailing Address

10 FLAGG STREET
DAYTONA BEACH FL 32117

2. Principal Place of Business

553 HAMLET DR.

3. Mailing Address

P.O. Box 11077

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL.

City & State

DAYTONA BEACH, FL.

4. FEI Number 59-3429255

Applied For

Not Applicable

Zip

32127

Country

USA

Zip

32120-1077

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LINSLER, DAVID
10 FLAGG STREET
DAYTONA BEACH FL 32117

7. Name and Address of New Registered Agent

Name DAVID LINSLER
Street Address (P.O. Box Number is Not Acceptable)
553 HAMLET DR.
City PORT ORANGE, FL Zip Code 32127

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

TITLE D
NAME LINSLER, DAVID
STREET ADDRESS 10 FLAGG STREET
CITY-ST-ZIP DAYTONA BEACH FL 32117 ☐ Delete

TITLE D
NAME MACDONALD, DAVID
STREET ADDRESS 6239 EDGEWATER DR STE N-1
CITY-ST-ZIP ORLANDO FL 32810 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME LINSLER, DAVID
STREET ADDRESS 553 HAMLET DR.
CITY-ST-ZIP PORT ORANGE, FL. 32127 ☒ Change ☐ Addition

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
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:

DAVID LINSLER

1-31-01

(904) 788-1908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0005567