

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041050

1. Entity Name

ALL ABOUT WIRELESS, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90068 027 ***150.00

A0027674



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% SAMUEL A. DURRANCE % SAMUEL A. DURRANCE
7400 SOUTHLAND BLVD., SUITE #115 7400 SOUTHLAND BLVD., SUITE #115
ORLANDO FL 32809 ORLANDO FL 32809-6971

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3447582 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DURRANCE, SAMUEL A
7400 SOUTHLAND BLVD.
STE. 115
ORLANDO FL 32809

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 _____ (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	<input type="checkbox"/> Delete
	P	DURRANCE, SAMUEL A	738 LAKE BISCAWAYNE WAY	
		ORLANDO FL 32824		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00

Date

407-855-7243

Daytime Phone #

CR2E034 (9/99)