

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070587

1. Entity Name

DIRECT WIRELESS, INC.

Principal Place of Business

341 NORTH MAITLAND AVE., STE. 340
MAITLAND FL 32751

Mailing Address

341 NORTH MAITLAND AVE., STE. 340
MAITLAND FL 32751

2. Principal Place of Business

341 N. MAITLAND AVE.

3. Mailing Address

SAME

Suite, Apt. #, etc.

350

Suite, Apt. #, etc.

City & State

MAITLAND FL

City & State

Zip

32751

Country

USA

Zip

Country

4. FEI Number

59-3464458

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TATICH, PHILIP

341 NORTH MAITLAND AVE., STE. 340
MAITLAND FL 32751

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

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 P
NAME MARLER, ROB
STREET ADDRESS 1734 BOBTAIL DR
CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete

TITLE VP
NAME BANGLE, BRIAN
STREET ADDRESS 90 LOUDOUN CT
CITY-ST-ZIP MAITLAND FL 32751 ☐ 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 P
NAME Rob MARLER
STREET ADDRESS 3279 Regal Crest Drive
CITY-ST-ZIP Longwood, FL 32779 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
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:

Brian Bangle 3/14/01 4079492040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90035 037 ***150.00

00036764



DO NOT WRITE IN THIS SPACE

0050747

CR2E034 (10/00)