## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 25, 2004 8:00 am **Secretary of State**

03-25-2004 90011 001 \*\*\*150.00

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DOCUMENT # P97000073485	4
1. Entity Name Wireless Systems Group, Ir	SC.



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Principal Place of Business     3. Mailing Address			54022018		
	Brook Drive	4708 Brook J	)rive		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Stat	PalmBeach, FL	City & State UCSTPalm F	Seach Fl	4. FEI Number Applied For Not Applied For	e
Zip	Country	Zip	Country	€9.75 Audition - 1	$\exists$
<sup>Zip</sup> 331	tia USA	33417	<u> 1)5A</u>	Fee Required	
•			Name O	7. Name and Address of Current Registered Agent	-
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	DO NOTV		Street Addres	ss (P.O. Box Number is Not Acceptable)	ł
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				t Palm Beach FL Zip Code 33417	
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept	
	( )	W - 5 1 1		3/22/04	
SIGNATURE	Signatule, typed or printen ame of registered age	nt and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating) DATE	
Ja	nuary 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00			9. Election Campaign Financing \$5.00 May Be	
Maka Chark	Amended UBR is \$61.25 Payable to Florida Department	of State		Trust Fund Contribution. Added to Fees	
10.		D DIRECTORS			-
TITLE	President	-	TITLE		7 8
NAME	Craig Doutey 4708 Brook Dive		NAME		3
STREET ADDRESS	4708 BLOOK DINE		STREET ADDRESS		9
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR