

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081901

1. Entity Name

HOMESTEAD WIRELESS, INC.

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90009 043 \*\*\*150.00

Principal Place of Business

Mailing Address

15600 SW 288 ST  
~~#310~~ 201  
HOMESTEAD FL 33033

15600 SW 288 ST  
#310  
HOMESTEAD FL 33033-1200

2. Principal Place of Business

3. Mailing Address

15600 SW 288 Street

15600 SW 288 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #201

Suite #201

City & State

City & State

Homestead, FL

Homestead, FL 33033

Zip

Country

Zip

Country

33033

USA

33033

USA

4. FEI Number

65-0785719

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

GUEST, J M  
15600 SW 288TH ST  
STE 310  
HOMESTEAD FL 33033

Name

James M. Guest, P.A.

Street Address (P.O. Box Number is Not Acceptable)

15600 S.W. 288 Street

Suite #201

City

Home Stead

FL

Zip Code

33033

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]*

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, 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	P	<input type="checkbox"/> Delete
NAME	POTTS, JR R F	
STREET ADDRESS	29949 S FED HWY	
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POTTS, G A	
STREET ADDRESS	24401 SW 182 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	T	<input type="checkbox"/> Delete
NAME	POTTS, G A	
STREET ADDRESS	24401 SW 182 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	S	<input type="checkbox"/> Delete
NAME	POTTS, S	
STREET ADDRESS	24401 SW 182 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*[Signature]* Roy F. Potts Jr

Date

2/11/00

Daytime Phone #

3052461000

CR2E034 (9/99)