FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90201 022 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081929 ✓

1. Entity Name

APA Wireless Technologies, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4050 NE 5th Ave.	4007 NE 6th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33334 Country:	Zip: 33334 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Andrew S. Goddard

Street Address (P.O. Box Number is Not Acceptable): 4007 NE 6th Ave.

City: Ft. Lauderdale FL Zip Code: 33334

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 _____ DATE
Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Andrew Goddard 4007 NE 6th Ave. Ft. Lauderdale FL 33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary William Dietz 4007 NE 6th Ave. Ft. Lauderdale FL 33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Randall Dietz 4007 NE 6th Ave. Ft. Lauderdale FL 33334
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Eliot Fenton 4050 NE 5th Ave. Ft. Lauderdale FL 33334
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/28/02 954 5654839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #