

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105535

1. Entity Name

WIRELESS SERVICES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90040 037 ***158.75

Principal Place of Business

12401 62ND STREET NORTH
SUITE 202
LARGO FL 33773
US

Mailing Address

12401 62ND STREET NORTH
SUITE 202
LARGO FL 33773-3736
US

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

59-3482680

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

GARRISON, DONALD C JR ^{no/yes} ^{SR.}
12401 62ND STREET NORTH
SUITE 202
LARGO FL 33773

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, 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	PVST	<input checked="" type="checkbox"/> Delete
NAME	GARRISON, DONALD C JR ^{change to SR.}	
STREET ADDRESS	6306 PELICAN CREEK CROSSING	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARRISON, DONALD C JR ^{change to SR.}	
STREET ADDRESS	6306 PELICAN CREEK CROSSING	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRISON, DONALD C. SR	
STREET ADDRESS	6306 PELICAN CREEK CROSSING	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRISON, DONALD C. SR	
STREET ADDRESS	6306 PELICAN CREEK CROSSING	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES-K. SWICK	
STREET ADDRESS	12401 62ND STREET NW	
CITY-ST-ZIP	SUITE 202 LARGO, FL 33773	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD C. GARRISON JR	
STREET ADDRESS	12401 62ND STREET NW	
CITY-ST-ZIP	SUITE 202 LARGO FL. 33773	
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		

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

Date

Daytime Phone #

CR2E034 (9/99)