2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000018812 Jun 09, 2000 8:00 am 1. Entity Name ADVANCED WIRELESS SOLUTIONS, INC. **Secretary of State** 06-09-2000 90214 039 ***150.00 Mailing Address Principal Place of Business 13014 N. DALE MABRY HWY. STE. 250 13014 N. DALE MABRY HWY. STE. 250 STE 560 **STE 560** TAMPA FL 33618 TAMPA FL 33618-2808 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3497932 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent AMAN, JEFFREY A Street Address (P.O. Box Number is Not Acceptable) 14502 N. DALE MABRY HIGHWAY STE. 300 TAMPA FL 33618 Zip Code City 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. (NOTE: Registered Agent signature required when reinstablig) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so... After MAY-1, 2000 Fee will be \$550.00 Trust Fund Contribution." 🐣 - Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 66/6 ☐ Change ☐ Addition Delete TITLE TITLE NAME JOHNSON, KATHRYN P NAME CR2E034 STREET ADDRESS 13014 N. DALE MABRY HWY. STE, 250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33618 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE" AUDITION TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Celete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.