

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90095 045 \*\*\*150.00

**DOCUMENT # P98000021022**

**1. Entity Name**  
**AIRWIRE.NET, INC.**

**Principal Place of Business**  
**420 S WICKHAM RD**  
**WEST MELBOURNE FL 32904**

**Mailing Address**  
**420 S WICKHAM RD**  
**WEST MELBOURNE FL 32904**

**2. Principal Place of Business**  
**904 E New Haven Ave**

**3. Mailing Address**  
**PO BOX 620**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Melbourne, FL**

**City & State**  
**Melbourne, FL**

**4. FEI Number**  
**59-3496723**

**Applied For**  
**Not Applicable**

**Zip**  
**32901**

**Country**

**Zip**  
**32902-0620**

**Country**

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**HEALY, PATRICK F ESQ**  
**1499 S. HARBOR CITY BLVD**  
**SUITE 201**  
**MELBOURNE FL 32901**

## 7. Name and Address of New Registered Agent

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

## 11. OFFICERS AND DIRECTORS

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>TUREK, DONALD J</b>	
<b>STREET ADDRESS</b>	<b>8505 SOUTH TROPICAL TRAIL</b>	
<b>CITY-ST-ZIP</b>	<b>MERRITT ISLAND FL 32952</b>	
<b>TITLE</b>	<b>COO</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>LEWIS, PAUL</b>	
<b>STREET ADDRESS</b>	<b>420 S WICKHAM RD</b>	
<b>CITY-ST-ZIP</b>	<b>MELBORNE FL 32904</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GAUME, TOM</b>	
<b>STREET ADDRESS</b>	<b>1700 NANDIA COURT N.W.</b>	
<b>CITY-ST-ZIP</b>	<b>PALM BAY FL 32907</b>	
<b>TITLE</b>	<b>VCFO</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>KARP, WILLIAM</b>	
<b>STREET ADDRESS</b>	<b>445 NEWPORT DR</b>	
<b>CITY-ST-ZIP</b>	<b>INDIALANTIC FL 32903</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<b>TITLE</b>	<b>CHAIRMAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>TUREK, DONALD J</b>	
<b>STREET ADDRESS</b>	<b>8505 SOUTH TROPICAL TRAIL</b>	
<b>CITY-ST-ZIP</b>	<b>MERRITT ISLAND FL 32952</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>PRESIDENT &amp; CEO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>EUGENE P. CONNELL</b>	
<b>STREET ADDRESS</b>	<b>38 SHERWOOD RD</b>	
<b>CITY-ST-ZIP</b>	<b>TENAFLY, NJ 07670</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>JOHN B. LAMERS</b>	
<b>STREET ADDRESS</b>	<b>545 HALWOOD AVE</b>	
<b>CITY-ST-ZIP</b>	<b>SATELLITE BEACH FL 32937</b>	

**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 (9/01)