

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**  
 05-23-2002 90058 019 \*\*\*150.00

0492341 AV

**DOCUMENT # P98000089183**

**1. Entity Name**  
**WAVELINK, INC.**

**Principal Place of Business**

**Mailing Address**

~~8750-11 GLADIOLUS DRIVE~~  
~~FORT MYERS FL 33908~~

~~8750-11 GLADIOLUS DRIVE~~  
~~FORT MYERS FL 33908~~

**452451**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**15880 Summerlin Road**

**3. Mailing Address**

**15880 Summerlin Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 300-144**

**Ste. 300-144**

City & State

City & State

**Ft. Myers, FL**

**Fort Myers, FL**

Zip

Country

Zip

Country

**33908**

**USA**

**33908**

**USA**

**4. FEI Number**

**65-0870551**

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**

**SIMAS, JEFFREY P**

~~8750-11 GLADIOLUS DR~~

~~STE 144~~

~~FORT MYERS FL 33908~~

Name

**Jeffrey P. Simas**

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

**15880 Summerlin Rd.**

**Suite 300-144**

City

**Ft. Myers,**

**FL**

Zip Code

**33908**

**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 *Jeffrey P. Simas*

**Jeffrey P. Simas**

**4/29/02**

(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**  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

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

TITLE ☐ Delete  
 NAME **PSTD**  
 STREET ADDRESS **SIMAS, JEFFREY P**  
 CITY-ST-ZIP **8750-11 GLADIOLUS DRIVE**  
**FORT MYERS FL 33908**

TITLE ☐ Change ☒ Addition  
 NAME **V/c/m**  
 STREET ADDRESS **Joyce Rogers**  
 CITY-ST-ZIP **15880 Summerlin Rd., Ste. 300-144**  
**Ft. Myers, FL 33908**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:**

*Jeffrey P. Simas*

**Jeffrey P. Simas, Pres.**

**4/29/02**

**239 -**

**940-7824**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)