

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000007330

FILED  
Apr 03, 2002 8:00 AM  
Secretary of State

Entity Name: CELLULAR SOURCE OF AMERICA, INC.

## Current Principal Place of Business:

7042 NORTHWEST 10TH PLACE  
GAINESVILLE, FL 32605

## New Principal Place of Business:

6753 W NEWBERRY RD  
GAINESVILLE, FL 32605

## Current Mailing Address:

7042 NORTHWEST 10TH PLACE  
GAINESVILLE, FL 32605

## New Mailing Address:

6753 W NEWBERRY RD  
GAINESVILLE, FL 32605

FEI Number: 59-3552917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEEWARD, KENT  
6753 W. NEWBERRY RD.  
GAINESVILLE, FL 32605 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: LEEWARD, KENT  
Address: 6753 W. NEWBERRY RD.  
City-St-Zip: GAINESVILLE, FL 32605

Title: SVD ( ) Delete  
Name: LEEWARD, STEPHANI L  
Address: 6753 W. NEWBERRY RD.  
City-St-Zip: GAINESVILLE, FL 32605

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENT LEEWARD

PRES

04/03/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date