

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED  
Jun 19, 2000 8:00 am  
Secretary of State

05-16-2000 90113 013 \*\*\*150.00

DOCUMENT # P99000008183

1. Entity Name

FLORIDA CELLULAR SUPPLY INC.

Principal Place of Business

144 S. ARLINGTON RD.  
JACKSONVILLE FL 32216

Mailing Address

P.O. BOX 5217  
JACKSONVILLE FL 32247-5217

2. Principal Place of Business

144 So. ARLINGTON Rd

3. Mailing Address

P.O. Box 5217

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLA.

City & State

JACKSONVILLE FL

4. FEI Number

59-3433190

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

32247

Country

USA

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

Name

JAMES NIPPER

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

200 W. Forsyth St #C4

City

JACKSONVILLE

FL

Zip Code

32202

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

6-10/00

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

TITLE	President	<input type="checkbox"/> Delete
NAME	JOANN A. Shimp	
STREET ADDRESS	2847 CLAIRBORO RD	
CITY-ST-ZIP	JACKSONVILLE FL <del>32216</del> 32223	
TITLE	Thad A. Shimp	<input type="checkbox"/> Delete
NAME	vice president	
STREET ADDRESS	748 century 21 Drive	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Thad A. Shimp	
STREET ADDRESS	748 century 21 Drive	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	Treasurer Secretary	<input type="checkbox"/> Delete
NAME	Thad A. Shimp	
STREET ADDRESS	748 century 21 DR	
CITY-ST-ZIP	JAX FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

904-725-1011

Daytime Phone #

CR2E034 (9/99)