

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-11-2003 90096 026 ***550.00
P99000033449

MAIL

DOCUMENT # P99000033449

1. Entity Name
QUALITY ONE WIRELESS INC.



FILED
Oct 21, 2003 8:00 A.M.
Secretary of State

Principal Place of Business
7151 LAKE ELLENOR DR
ORLANDO FL 32809

Mailing Address
7151 LAKE ELLENOR DR
ORLANDO FL 32809



2. Principal Place of Business
804 A Eyrie DR
Suite, Apt. #, etc.

3. Mailing Address
804 A Eyrie DR
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Oviedo RI
Zip
32765
Country
USA

City & State
Oviedo FL
Zip
32765
Country
USA

4. FEI Number 22-3691848

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHIORANDO, JOHN
7151 LAKE ELLENOR DR
ORLANDO FL 32809

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CHIORANDO, JOHN	2208 WESTBOURNE DR	OVIDO FL 32765	<input type="checkbox"/>
V	TURNER, VINCENT SCOTT	317 LOMA DEL SOL DR	DAVENPORT FL 33837	<input type="checkbox"/>
Secretary	Michael Chiorando	3244 Falcon Point Dr.	Kissimmee FL	<input type="checkbox"/>
T	Thomas Cuff	1315 Westchester Ave	Winter Park, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 on the return or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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

7/20/03
Date

Daytime Phone #

CR2E034 (4/03)