

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054806

1. Entity Name

QUICK PAGE WIRELESS, INC.

FILED

Apr 23, 2000 8:00 am  
Secretary of State

04-23-2000 90015 013 \*\*\*150.00

Principal Place of Business

Mailing Address

1422 HOWELL BRANCH RD  
WINTER PARK FL 32789

1422 HOWELL BRANCH RD  
WINTER PARK FL 32789-1113

2. Principal Place of Business

1426 Howell Branch Rd

3. Mailing Address

1426 Howell Branch Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3581608

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

32789

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

HOFFMAN, MARTIN

1422 HOWELL BRANCH RD  
WINTER PARK FL 32789

Name

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

1426 Howell Branch Rd

City Winter Park

FL

Zip Code

32789

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME HOFFMAN, MARTIN  
STREET ADDRESS 1422 HOWELL BRANCH RD  
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1426 Howell Branch Rd.  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE VD  
NAME HOFFMAN, ALEX  
STREET ADDRESS 2015 LAKEBREEZE WAY  
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

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: Martin Hoffman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 407-628-7066  
Daytime Phone #

CR2E034 (9/99)