

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000064906

1. Entity Name

WHOLECELLULAR.COM, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

02-29-2000 90177 004 ***150.00

Principal Place of Business

1550 MCMULLEN BOOTH RD #207
CLEARWATER FL 33759

Mailing Address

1550 MCMULLEN BOOTH RD #207
CLEARWATER FL 33759-2510

2. Principal Place of Business

5310 BELLEFIELD DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

SOME

Zip

33624

Country

USA

Zip

Country

4. FEI Number

59-3590394

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPOONER, EDWARD W
1550 MCMULLEN BOOTH RD #207
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name

ZEB APOSTOLAKIS

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

5310 BELLEFIELD DR.

City

TAMPA

FL

Zip Code

33624

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

2/19/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SPOONER, EDWARD W	
STREET ADDRESS	3739-45TH WAY N	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	VD	<input type="checkbox"/> Delete
NAME	APOSTOLAKIS, ZEBEDEE C	
STREET ADDRESS	5310 BELLEFIELD DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WILKINS, WILLIAM C	
STREET ADDRESS	1550 MCMULLEN BOOTH RD #207	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APOSTOLAKIS, ZEBEDEE C.	
STREET ADDRESS	5310 BELLEFIELD DR.	
CITY-ST-ZIP	TAMPA FL 33624	
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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/19/00

(813) 969-4300

CR2E034 (9/99)