

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90165 022 ***150.00

DOCUMENT # P99000073543

1. Entity Name
ROVER WIRELESS CORPORATION



Principal Place of Business
9625 ALONZO RD.
RIVERVIEW FL 33569

Mailing Address
9625 ALONZO RD.
RIVERVIEW FL 33569



2. Principal Place of Business

9625 Wes Kearney Way
Suite, Apt. #, etc.

3. Mailing Address

9625 Wes Kearney Way
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
RIVERVIEW FL

City & State
RIVERVIEW FL

4. FEI Number **06-1576416**

Applied For
Not Applicable

Zip *33569* **Country** *USA*

Zip *33569* **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

WARD, WILLIAM CRAIG
9625 ALONZO RD.
RIVERVIEW FL 33569

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	WARD, WILLIAM CRAIG	9625 ALONZO RD.	RIVERVIEW FL 33569	<input type="checkbox"/>
P	KEARNEY, BRYAN G	9625 ALONZO ROAD	RIVERVIEW FL 33569	<input type="checkbox"/>
V	TATE, JOHN M	9625 ALONZO ROAD	RIVERVIEW FL 33569	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		<i>9625 Wes Kearney Way</i>	<i>RIVERVIEW</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<i>9625 Wes Kearney Way</i>	<i>RIVERVIEW FL 33569</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<i>9625 Wes Kearney Way</i>	<i>RIVERVIEW FL 33569</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input 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 or the receiver 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/03
Date

813-699-1112
Daytime Phone #

CR2E034 (10/02)