

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074062

1. Entity Name

WAVE COMMUNICATION TECHNOLOGIES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90087 032 ***150.00

Principal Place of Business

Mailing Address

~~731 ALDA WAY NE~~
~~ST PETERSBURG FL 33704~~

~~731 ALDA WAY NE~~
~~ST PETERSBURG FL 33704-3000~~

2. Principal Place of Business

3200 28th Street N.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

AS #2

City & State

ST PETERSBURG, FL

City & State

4. FEI Number

59-5074026

Applied For

Not Applicable

Zip

33713

Country

USA

Zip

Country

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

Phillip J. Collins

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

350 2nd ST NORTH #27

City

ST PETERSBURG

FL

Zip Code

33701

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

Phillip J. Collins

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 ☐ Delete

NAME Secretary/Treasurer
STREET ADDRESS AMELIA C. MCCARTHY
CITY-ST-ZIP ONE BEACH DR SE #1111
ST PETERSBURG, FL 33701

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME Vice President
STREET ADDRESS FRANK W. MCCARTHY
CITY-ST-ZIP ONE BEACH DR SE #1111
ST PETERSBURG, FL 33701

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME President
STREET ADDRESS PHILLIP J. COLLINS #27
CITY-ST-ZIP 350 2nd ST N.
ST PETERSBURG, FL 33701

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

Amelia C. McCarthy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

Date

727/895-6336

Daytime Phone #

CR2E034 (9/99)