

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90313 020 ***158.75

DOCUMENT # P99000074062

1. Entity Name

WAVE COMMUNICATION TECHNOLOGIES, INC.

Principal Place of Business

3200 28TH STREET N
SAINT PETERSBURG FL 33713

Mailing Address

3200 28TH STREET N
SAINT PETERSBURG FL 33713

2. Principal Place of Business

1355 SNELL WISE BLVD NE

3. Mailing Address

1355 SNELL WISE BLVD NE

Suite, Apt. #, etc.

#216

Suite, Apt. #, etc.

#216

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33704

Country

USA

Zip

33704

Country

USA

4. FEI Number

59-5074026

Applied For

Not Applicable

5. Certificate of Status Desired

1

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, PHILLIP J
350 2ND STREET NORTH # 27
SAINT PETERSBURG FL 33701

Name

FRANK MCCARTHY

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

ONE BEACH DR. SE #1111

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FRANK MCCARTHY, President

2/27/01

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, 2001 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	ST	<input type="checkbox"/> Delete
NAME	MCCARTHY, AMELIA C	
STREET ADDRESS	ONE BEACH DRIVE SE #1111	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCARTHY, FRANK W	
STREET ADDRESS	ONE BEACH DRIVE SE #1111	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, PHILLIP J	
STREET ADDRESS	350 2ND STREET N # 27	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
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		

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		
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		
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

FRANK MCCARTHY 2/27/01

Date

Daytime Phone #

727/895-6336

CR2E034 (10/00)