

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90071 001 \*\*\*150.00

0443716 AV

**DOCUMENT # P99000074062**

1. Entity Name

**WAVE COMMUNICATION TECHNOLOGIES, INC.**

Principal Place of Business

1355 SNELL ISLE BLVD NE  
 #216  
 SAINT PETERSBURG FL 33704

Mailing Address

1355 SNELL ISLE BLVD NE  
 #216  
 SAINT PETERSBURG FL 33704

80056450



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3200 28th Street N.  
 Suite, Apt. #, etc.

3. Mailing Address

3200 28th Street N.  
 Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3596000

Applied For

Not Applicable

Zip

33713

Country

USA

Zip

33713

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCCARTHY, FRANK**

ONE BEACH DR SE #1111  
 SAINT PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

595 SOMER HILL DR NE

City

St. Petersburg, FL

FL

Zip Code

33716

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

FRANK MCCARTHY, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/02

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, 2002 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	ST	<input type="checkbox"/> Delete
NAME	MCCARTHY, AMELIA C	
STREET ADDRESS	ONE BEACH DRIVE SE #1111	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCCARTHY, FRANK W	
STREET ADDRESS	ONE BEACH DRIVE SE #1111	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	595 SOMER HILL DR NE	ADDRESS
STREET ADDRESS	ST. PETERSBURG, FL 33716	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	595 SOMER HILL DR NE	ADDRESS
STREET ADDRESS	ST. PETERSBURG, FL 33716	
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

3/21/02 727/895-6336

Date

Daytime Phone #

CR2E034 (9/01)