


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91511 043 ***150.00

DOCUMENT # P99000087209

1. Entity Name
CELLULAR TOWN, INC.
DAVID R. SMITH & ASSOC, P.A.



Principal Place of Business Mailing Address
47630 NW 27 AVE 47630 NW 27 AVE
MIAMI FL 33056 MIAMI FL 33056

2. Principal Place of Business 3. Mailing Address
711 NE 125TH ST SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NORTH MIAMI, FL FL

Zip Country Zip Country
33161 FL

CHECK HERE IF MAKING CHANGES

4. FEI Number 74-2930924 Applied For
65-1104535 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DAVID R
711 NE 125 ST 1207 S THOMPSON AVE
NORTH MIAMI FL 33161 DELAND, FL 32720

7. Name and Address of New Registered Agent

Name DAVID R. SMITH

Street Address (P.O. Box Number is Not Acceptable)
711 NE 125TH ST

City NORTH MIAMI FL Zip Code 33161

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] 4/24/03 DATE

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 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>SMITH, DAVID R</u> <u>711 NE 125 ST</u> <u>NORTH MIAMI FL 33161</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] 4/24/03 305 892-3755