

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097089

1. Entity Name
WIRELESS NATION, INC.

FILED
Sep 08, 2000 8:00 am
Secretary of State

09-08-2000 90008 012 ***550.00

Principal Place of Business

10916 ATLANTIC BOULEVARD
SUITE #11
JACKSONVILLE FL 32225

Mailing Address

10916 ATLANTIC BOULEVARD
SUITE #11
JACKSONVILLE FL 32225

2. Principal Place of Business

3250 Emerson St

Suite, Apt. #, etc.

3. Mailing Address

PO Box 16834

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3608899

Applied For

Not Applicable

Zip

32207

Country USA

Zip

32245

Country USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, KENNETH D
10916 ATLANTIC BOULEVARD
SUITE #11
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

Kenneth D. Jones

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

484 Big TREE Rd

City

Ponte Vedra Beach FL

Zip Code

32082

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

Kenneth D. Jones

9-6-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Kenneth D. Jones

9-6-00

904-399-4131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)