

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100248

Entity Name

WIRELESS NORTHEAST FLORIDA, INC.

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90149 042 ***150.00

Principal Place of Business

BAYMEADOWS ROAD
SUITE 106
JACKSONVILLE FL 32256

Mailing Address

9471 BAYMEADOWS ROAD
SUITE 106
JACKSONVILLE FL 32256-7968

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-3617885

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANNING, G. STEPHEN
9471 BAYMEADOWS ROAD
SUITE 104
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

E E EET ADDRESS -ST-ZIP	D <input type="checkbox"/> Delete KOHN, KEVIN R 9471 BAYMEADOWS ROAD, Ste. 106 JACKSONVILLE FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Raymond F. Chase 9471 Baymeadows Rd., Ste. 106 Jacksonville, FL 32256
E E EET ADDRESS -ST-ZIP	D <input type="checkbox"/> Delete MANNING, G. STEPHEN 9471 BAYMEADOWS ROAD, Ste. 104 JACKSONVILLE FL 32256	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E E EET ADDRESS -ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E E EET ADDRESS -ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E E EET ADDRESS -ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E E EET ADDRESS -ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Raymond F. Chase RAYMOND F. CHASE, CFO

4-26-00

904-734-0399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #