

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90128 023 ***150.00

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

DOCUMENT # P99000102975

1. Entity Name
AIRWAVE COMMUNICATIONS, INC.



90133978

Principal Place of Business
1452 E. MICHIGAN STREET
SUITE 102
ORLANDO, FL 32806

Mailing Address
1452 E. MICHIGAN STREET
SUITE 102
ORLANDO, FL 32806

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3816372

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORAN, MICHAEL J.
1452 E. MICHIGAN STREET
SUITE 102
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent's signature required when changing)

DATE

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TAXATION DIVISION
P.O. BOX 16000
TALLAHASSEE, FL 32311-0600

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	☐ Delete
	MORAN, MICHAEL J	1452 E. MICHIGAN STREET	ORLANDO, FL 32806	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

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:

Michael J. Moran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2002 407 843166
Date Daytime Phone #

CH2E034 (10/02)