

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105309

1. Entity Name
A-ONE CELLULAR, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90050 044 ***150.00

Principal Place of Business 101 S. BAY BLVD., UNIT A-4 ANNA MARIA FL 34216	Mailing Address P O BOX 1419 ANNA MARIA FL 34216
2. Principal Place of Business 2110 Gulf Gate Dr. Suite, Apt. #, etc.	3. Mailing Address 2110 Gulf Gate Dr. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Sarasota, FL	City & State Sarasota, FL	4. FEI Number 65-0964166	Applied For Not Applicable
Zip 34231	Country SARASOTA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILCOX, DAVID W 308 13TH STREET WEST BRADENTON FL 34205	7. Name and Address of New Registered Agent Name Betty L. Wilson Street Address (P.O. Box Number is Not Acceptable) 2110 Gulf Gate Drive City SARASOTA FL Zip Code 34231
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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 Betty L. Wilson DATE 1-8-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS WILSON, BETTY L 101 S BAY BLVD UNIT #4 ANNA MARIA FL 34216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Betty L. Wilson DATE 1-8-01 DAYTIME PHONE # 941-946-3884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)