## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # V21801** 1. Entity Name CELLULAR UNLIMITED, INC. Principal Place of Business Mailing Address 3205 S. FLA. AVE. S. FLA. AVE \*\*\*\* FL 33803 LAKELAND FL 33803-4550 3. Mailing Address 3230 S 2. Principal Place of Business 3230 S. FlA.

City & State

SIGNATURE:

## **FILED** Feb 16, 2000 8:00 am Secretary of State

02-16-2000 90121 002 \*\*\*150.00



1-AKe/	and Fl	La ke Vone	FS.	( ** '	59-3115276		Not	Applicable	
Zip	3 Country	33 <i>80</i> 3	Country 45			Fee	<b>75</b> Addi Required		
	6. Name and Address of Current F	legistered Agent		. 7. N	ame and Address of New Regis	tered Agen	ıt		
		Name							
Bywater, Joseph G				Street Address (P.O. Box Number is Not Acceptable)					
1828	ļ					<del> </del>			
LAKE	LAND FL 33806		İ						
			City			FL	Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or reg	jistered age	ent, or both, in the State of Florida			ĺ	
SIGNATURE	Signature, typed or printed name of registered agent ar	ad title if applicable (NOTE: F	Registered Agent signature re	ouired when rei	instating)	DATE		<del>-</del> -	
	Signature, typed or printed harry or registered agent a					<del></del> -			
9. This corpo	FEE IS \$150.00		10. Election Campaign Financi	ng	\$5.00	May Be			
Tax filing re (See criter	) Fee will be \$550. to Department of		Trust Fund Contribution,		Added	to Fees			
	<u></u>				DITIONS/CHANGES TO OFFICER	OR AND DIE	ECTORS	IN 11	
11.	OFFICERS AND D		12.	AU	DITIONS/CHANGES TO OFFICE		Change	Addition	
TITLE NAME	ROBERT E BAKER	☐ Delete	TITLE NAME			L	Onlango	C. Addition	
STREET ADDRESS	6527 LONGOAK CT		STREET ADDRESS						
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP						
TITLE	ST	Delete	TITLE		<del></del>		Change	Addition	
NAME	DAPHNE J. BAKER	<u></u>	NAME						
STREET ADDRESS	6527 LONGOAK CT		STREET ADDRESS					Ì	
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP						
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CITY-ST-ZIP	<u></u>		CITY-ST-ZIP	<u>`</u>					
13. I hereby o	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for the	he exemption stated	in Section	119,07(3)(i), Florida Statutes. I furt	her certify to	hat the in	formation or director	
of the cor	poration or the receiver or trustee empo	wered to execute this report as	s required by Chapte	r 607, Florid	da Statutes; and that my name ap	pears in Blo	ock 11 or	BIOCK 1211 (	
changed,	or on an attachment with an address, w	run all other like empowered.					26	3	

Pohve J BAKER 2-11-00