

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

FILED
Jun 02, 2003 8:00 am
Secretary of State

5/1

05-01-2003 90323 039 ***158.75

DOCUMENT # P02000054613



1. Entity Name
ONSITE MOBILITY CORP.

Principal Place of Business
**594 NW 20 AVE
POMPANO BEACH FL 33069-2741**

Mailing Address
**594 NW 20 AVE
POMPANO BEACH FL 33069-2741**

03043600



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
48-1259066

Applied For
 Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAUSE, HAROLD J
594 NW 20 AVE
POMPANO BEACH FL 33069-2741**

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 *Harold J Krause* DATE **Apr. 28, 2003**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 **PD** Delete
NAME **KRAUSE, HAORLD J**
STREET ADDRESS **594 NW 20 AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33069-2741**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VDS** Delete
NAME **KRAUSE, JANICE W**
STREET ADDRESS **594 NW 20 AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33069-2741**

TITLE **VSD** Change Addition
NAME **→ Same**
STREET ADDRESS **→ Same**
CITY-ST-ZIP **→ Same**

TITLE **TD** Delete
NAME **LEWIS, ROBERT W**
STREET ADDRESS **1541 NW 51 AVE**
CITY-ST-ZIP **LAUDERHILL FL 33313-2741**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **KRAUSE, LAUREN D**
STREET ADDRESS **594 NW 20 AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33069-2741**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **WALKER, MICHELLE D**
STREET ADDRESS **594 NW 20 AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33069-2741**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **WALKER, MICHELLE D**
STREET ADDRESS **594 NW 20 AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33069-2741**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Harold J Krause* DATE: **4/28/03** DAYTIME PHONE #: **(954) 970-7203**
(SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR)

CR2E034 (10/02)