## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000100394** Mar 03, 2000 8:00 am 1. Entity Name Secretary of State ACTION MOBILE, INC. 03-03-2000 90243 048 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 771273 11827 OTTAWA AVENUE ORLANDO FL 32837 ORLANDO FL 32877-1273 PARSARS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 59-3490628 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOUGLAS, JOHN C Street Address (P.O. Box Number is Not Acceptable) 11827 OTTAWA AVENUE ORLANDO FL 32837 Zin Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Change ☐ Addition TITLE ☐ Delete DOUGLAS, JOHN C NAME NAME STREET ADDRESS 11827 OTTAWA AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ENGLEHARDT, TIM NAME 622 TOMLINSON TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE SCHROEDER, CHRISTENE NAME NAME 11827 OTTAWA AVENUE STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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 endpowered 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

SIGNATURE ON TYPED OF PRINTED NAME OF SIGNING OFFICER OF SMECTOR

2/24/00

407-851-1800