

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90046 034 ***150.00

1107 (03-27-02)

DOCUMENT # P97000100394

1. Entity Name

ACTION MOBILE, INC.

Principal Place of Business

9765
~~9765~~ SOUTH ORANGE BLOSSOM TR. # ~~88~~
 ORLANDO FL 32837

Mailing Address

P.O. BOX 771273
 ORLANDO FL 32877

80053267



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9765 S. Orange Blossom Trail

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#43

City & State

Orlando Florida

City & State

4. FEI Number

59-3490628

Applied For

Not Applicable

Zip

32837

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLAS, JOHN C
3226 COUNTRYSIDE VIEW DR.
SAINT CLOUD FL 34772

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.

SIGNATURE

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOUGLAS, JOHN C	
STREET ADDRESS	3226 COUNTRYSIDE VIEW DR.	
CITY-ST-ZIP	SAINT CLOUD FL 34772	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ENGLEHARDT, TIM	
STREET ADDRESS	622 TOMLINSON TERRACE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHROEDER, CHRISTENE	
STREET ADDRESS	3226 COUNTRYSIDE VIEW DR.	
CITY-ST-ZIP	SAINT CLOUD FL 34772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas, Christene	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)