

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90273 025 \*\*\*150.00

**DOCUMENT # F00000005711**

1. Entity Name  
**THE MOBILE SOLUTION CORPORATION**

Principal Place of Business 1660 HOTEL CIRCLE 205 SAN DIEGO, CA 92108	Mailing Address 1843 HOTEL CIRCLE SOUTH STE 350 SAN DIEGO CA 92108
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2. Principal Place of Business <b>1660 HOTEL CIRCLE NORTH</b>	3. Mailing Address <b>1660 HOTEL CIRCLE NORTH</b>
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Suite, Apt. #, etc. <b>SUITE 205</b>	Suite, Apt. #, etc. <b>SUITE 205</b>
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City & State <b>SAN DIEGO, CA</b>	City & State <b>SAN DIEGO, CA</b>
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Zip <b>92108</b>	Country <b>USA</b>	Zip <b>92108</b>	Country <b>USA</b>
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4. FEI Number <b>33-0849381</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>PCD</b>			<input type="checkbox"/>	
	<b>MCEVOY, JOHN</b>	<b>1660 HOTEL CIRCLE N STE 205</b>	<b>SAN DIEGO CA 92108</b>	<input type="checkbox"/>	
	<b>S</b>			<input type="checkbox"/>	
	<b>HUNTER, BRAD</b>	<b>1660 HOTEL CIRCLE N STE 205</b>	<b>SAN DIEGO CA 92108</b>	<input type="checkbox"/>	
	<b>T</b>			<input type="checkbox"/>	
	<b>DEHAAN, KEVIN</b>	<b>1660 HOTEL CIRCLE N STE 205</b>	<b>SAN DIEGO CA 92108</b>	<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

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: **X** *[Signature]* **FOUNDER** **1-802 619-297-1288**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)