

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005711

1. Entity Name

THE MOBILE SOLUTION CORPORATION

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

01-16-2002 90273 025 ***150.00

Principal Place of Business

1660 HOTEL CIRCLE
205
SAN DIEGO, CA 92108

Mailing Address

1843 HOTEL CIRCLE SOUTH
STE 350
SAN DIEGO CA 92108

2. Principal Place of Business

1660 HOTEL CIRCLE NORTH

3. Mailing Address

1660 HOTEL CIRCLE NORTH

Suite, Apt. #, etc.

SUITE 205

Suite, Apt. #, etc.

SUITE 205

City & State

SAN DIEGO, CA

City & State

SAN DIEGO, CA

Zip

92108

Country

USA

Zip

92108

Country

USA

4. FEI Number

33-0849381

Applied For

Not Applicable

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 SIRHAN ALI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-802 619-297-1288

CR2E034 (9/01)