

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90184 002 ***150.00

DOCUMENT # F00000005711

1. Entity Name
THE MOBILE SOLUTION CORPORATION



Principal Place of Business
1660 HOTEL CIRCLE
STE 500
SAN DIEGO CA 92108

Mailing Address
1843 HOTEL CIRCLE SOUTH
STE 350
SAN DIEGO CA 92108

10028649



2. Principal Place of Business
1660 HOTEL CIRCLE NORTH

3. Mailing Address
1660 HOTEL CIRCLE NORTH

Suite, Apt. #, etc.
STE 500

Suite, Apt. #, etc.
STE 500

City & State
SAN DIEGO CA

City & State
SAN DIEGO CA

4. FEI Number 33-0849381

Applied For
Not Applicable

Zip Country
92108 USA

Zip Country
92108 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PCD MCEVOY, JOHN	1660 HOTEL CIRCLE N STE-205 500	SAN DIEGO CA 92108	<input type="checkbox"/>
	S HUNTER, BRAD	1660 HOTEL CIRCLE N STE-205 500	SAN DIEGO CA 92108	<input type="checkbox"/>
	T DEHAAN, KEVIN	1660 HOTEL CIRCLE N STE-205 500	SAN DIEGO CA 92108	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03

Date

619-299-1288

Daytime Phone #

CR2E034 (10/02)