

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000001901

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: MOBILIDEX, INC.

**Current Principal Place of Business:**

2666 AIRPORT ROAD SOUTH  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

2666 AIRPORT ROAD SOUTH  
NAPLES, FL 34112

**New Mailing Address:**

FEI Number: 59-3634861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

HIGGS, WILLIAM T  
2666 AIRPORT ROAD SOUTH  
NAPLES, FL 34112 US

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: WILLIAM T. HIGGS

04/30/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD (X) Delete  
Name: BURRIS, SCOT D  
Address: 401 WEST 13TH STREET  
City-St-Zip: WEST POINT, GA 31833

Title: CD ( ) Delete  
Name: HIGGS, WILLIAM T  
Address: 411 HENLEY DRIVE  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: HIGGS, ANTONIA M  
Address: 411 HENLEY DRIVE  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PCD (X) Change ( ) Addition  
Name: HIGGS, WILLIAM T  
Address: 2666 AIRPORT ROAD SOUTH  
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change ( ) Addition  
Name: HIGGS, ANTONIA M  
Address: 2666 AIRPORT ROAD SOUTH  
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. HIGGS

PCD

04/30/2002

Electronic Signature of Signing Officer or Director

Date