

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003414

1. Entity Name

MAP MOBILE COMMUNICATIONS, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90043 003 \*\*\*150.00

Principal Place of Business

Mailing Address

840 GREENBRIER CIRCLE  
SUITE 202  
CHESAPEAKE VA 23320

840 GREENBRIER CIRCLE  
SUITE 202  
CHESAPEAKE VA 23320-2645

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3064901

Applied For

Not Applicable

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

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

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, 2000 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 PD ☐ Delete  
NAME MORRISON, GARRY  
STREET ADDRESS 840 GREENBRIAR CIR., STE 202  
CITY-ST-ZIP CHESAPEAKE VA

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 516 Lighthouse Drive  
CITY-ST-ZIP VIRGINIA BEACH, VA 23451

TITLE VPD ☐ Delete  
NAME DAVIES, GRAHAM  
STREET ADDRESS 140 ROUTE 17N NO.  
CITY-ST-ZIP HACKENSACK NJ 07601

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1002 Eagles Passage Ct.  
CITY-ST-ZIP Davidsonville, md 21035

TITLE VPD ☐ Delete  
NAME FRASAR, ED  
STREET ADDRESS 4747 N. HAEALAM AVE, SUITE M  
CITY-ST-ZIP HARWOOD HEIGHTS IL 60656

TITLE ☒ Change ☐ Addition  
NAME Director  
STREET ADDRESS 1/42 Curriedale Drive  
CITY-ST-ZIP Cross Harbor, NSW 2450 Australia

TITLE D ☐ Delete  
NAME WARD, WILLIAM  
STREET ADDRESS 840 GREENBRIAR CIR., STE 202  
CITY-ST-ZIP CHESAPEAKE VA

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 17 Howard Street  
CITY-ST-ZIP Runaway Bay, QLD 4216 Australia

TITLE D ☐ Delete  
NAME HUMPHRY, BRONWYN  
STREET ADDRESS 840 GREENBRIAR CIR., STE 202  
CITY-ST-ZIP CHESAPEAKE VA

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1144 Eagleway  
CITY-ST-ZIP VIRGINIA BEACH, VA 23456

TITLE VP ☐ Delete  
NAME SHERWOOD, DAVE  
STREET ADDRESS 4959 CYPRESS POINT CR  
CITY-ST-ZIP VIRGINIA BEACH VA 23455

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1000 W. Princess Anne Rd.  
CITY-ST-ZIP Norfolk, VA 23507

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-00

Date

757-424-1191

Daytime Phone #

CR2E034 (9/99)