

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 08:00 AM**
Secretary of State**DOCUMENT # F96000000436**1. Entity Name
INTER MOBILE, INC. OF GEORGIAPrincipal Place of Business
160 CLAIREMONT AVE #525
DECATUR GA 30030Mailing Address
160 CLAIREMONT AVE #525
DECATUR GA 30030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
58-1859117Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION FL
33324 US

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 _____ **04/02/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 VPS ☐ Delete
NAME FLIPPIN TEX
STREET ADDRESS 160 CLAIREMONT AVE, SUITE 600
CITY-ST-ZIP DECATUR GA 30030TITLE VPS ☒ Change ☐ Addition
NAME KIRKMAN TOMMY
STREET ADDRESS 160 CLAIREMONT AVE, SUITE 600
CITY-ST-ZIP DECATUR GA 30030TITLE SAT ☐ Delete
NAME FORBES DAVID S.
STREET ADDRESS 160 CLAIREMONT AVE., SUITE 600
CITY-ST-ZIP DECATUR GATITLE SAT ☒ Change ☐ Addition
NAME FORBES DAVID S
STREET ADDRESS 160 CLAIREMONT AVE., SUITE 600
CITY-ST-ZIP DECATUR GATITLE PST ☐ Delete
NAME COLLIER JOSEPH
STREET ADDRESS 160 CLAIREMONT AVE., SUITE 600
CITY-ST-ZIP DECATUR GATITLE COO ☒ Change ☐ Addition
NAME RUTLAND GUY WIV
STREET ADDRESS 160 CLAIREMONT AVE., SUITE 600
CITY-ST-ZIP DECATUR GATITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: DAVID S. FORBES**SAT 04/02/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)