

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006136

1. Entity Name

MOBILE TELESYS OF FLORIDA, L.L.C.

Principal Place of Business

16885 WEST BERNARDO DRIVE, SUITE 380
SAN DIEGO CA 92128

Mailing Address

16885 WEST BERNARDO DRIVE, SUITE 380
SAN DIEGO CA 92128

2. Principal Place of Business

7101 Presidents Drive

Suite, Apt. #, etc.

Suite 305

City & State

Orlando, Florida

Zip

32809

Country

USA

3. Mailing Address

17075 Camino San Bernardo

Suite, Apt. #, etc.

City & State

San Diego, California

Zip

92127

Country

USA

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.
1221 BRICKELL AVENUE, SUITE 900
MIAMI FL 33131

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  Michael Kooiker, General Manager 7/18/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

400004524294--4
-08/08/01--01051--018
*****55.00 *****55.00

9. MANAGING MEMBERS/MANAGERS

TITLE General Manager ☐ Delete
NAME Michael Kooiker
STREET ADDRESS 17075 Camino San Bernardo
CITY-ST-ZIP San Diego, CA. 92127

TITLE Financial Manager ☐ Delete
NAME Craig W. Logan
STREET ADDRESS 17075 Camino San Bernardo
CITY-ST-ZIP San Diego, CA. 92127

TITLE Sales Manager ☐ Delete
NAME Richard Downing
STREET ADDRESS 17075 Camino San Bernardo
CITY-ST-ZIP San Diego, CA. 92127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Michael Kooiker, General Manager 7/18/01 (858) 673-3637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

FILED

01 JUL 31 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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