

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L82258

1. Entity Name

KONOVER MOBILE, INC.

Principal Place of Business

7000 W. PALMETTO PARK RD.
408
BOCA RATON FL 33433

Mailing Address

C/O KONOVER & ASSOC. SOUTH, INC.
7000 W PALMETTO PARK RD
BOCA RATON FL 33433

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 65-0301170

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

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.

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DCP
KONOVER, SIMON
51 TUMBLEBROOK LANE
WEST HARTFORD CT ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
ASHENFELTER, MARIA
7000 W PALMETTO PARK RD, 408
BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Senior Vice President/Secretary
Maria Ashenfelter ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ROSEN, JONATHAN
40 E. 69TH ST.
NEW YORK NY 10021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chief Financial Officer
Gregory V. Combs ☐ Change ☒ Addition
7000 West Palmetto Park Road, Suite 408
Boca Raton, FL 33433

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
SILVAY, SANDRA
342 N MAIN ST., 200
WEST HARTFORD CT 06117 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MIRRIONE, KRISTEN
7000 W PALMETTO PARK RD, 408
BOCA RATON FL 33433 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

Gregory V. Combs, Chief Financial Officer

Date

Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90066 029 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)