

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020203 AF

DOCUMENT # L99000003992

1. Entity Name  
MOBILITY USA, L.C.

FILED

01 MAR 29 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

P.O. BOX 152295  
CAPE CORAL FL 33915-2295

Mailing Address

P.O. BOX 152295  
CAPE CORAL FL 33915-2295

2. Principal Place of Business

PO Box 60956  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 60956  
Suite, Apt. #, etc.

City & State  
Ft Myers FL

Zip 33906 Country USA

City & State  
Ft Myers FL

Zip 33906 Country USA

4. FEI Number 65-0931833

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOLANOS, TRUXTON & YOUNGS, P.A.  
2121 PONCE DE LEON BLVD  
SUITE 600  
CORAL GABLES FL 33134

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

200003992962--3  
-04/12/01--01004--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KING, CHRIS P.O. BOX 152295 60956 CAPE CORAL FL 33915-2295 Ft Myers FL 33906	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/26/01  
Date

888-475-8004  
Daytime Phone #

CR2E083 (11/00)