

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2002 8:00 am**  
**Secretary of State**

04-25-2002 90007 044 \*\*\*\*50.00

**DOCUMENT # L99000003992**

1. Entity Name

**MOBILITY USA, L.C.**

Principal Place of Business

P.O. BOX 60956  
 FT MYERS FL 33906

Mailing Address

P.O. BOX 60956  
 FT MYERS FL 33906

2. Principal Place of Business

*PO Box 60956*

Suite, Apt. #, etc.

3. Mailing Address

*PO 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  
*Bolanos, Truxton & Youngs PA*  
 Street Address (P.O. Box Number is Not Acceptable)

*12800 University Drive Ste 340*

City *FT MYERS*

**FL**

Zip Code

*33907*

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**MGR**  
**KING, CHRIS**  
**P.O. BOX 60956**  
**FT MYERS FL 33906**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ 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:

*CHRIS KING*

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

Date

Daytime Phone #

*4-15-02*

*888-475-8004*

CR2E083 (9/01)