

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M84091

1. Entity Name

MOBILE TELEPHONE SERVICES, INC.

Principal Place of Business

Mailing Address

% JAMES L. CAMPBELL
P.O. BOX 299 N/A
TRENTON FL 32693
US

% JAMES L. CAMPBELL
P.O. BOX 299 N/A
TRENTON FL 32693
US

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 59-2891173

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

CAMPBELL, JAMES L
4729 SW 20TH ST
BELL FL 32619

Name

Street Address (P.O. Box Number is Not Acceptable)

City

100004494181-2

-07/24/01--01093--005

****FL Zip Code****61.25

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

TITLE	P	☐ Delete
NAME	CAMPBELL, JAMES L	
STREET ADDRESS	4729 SW 20TH ST	
CITY-ST-ZIP	BELL FL	
TITLE	VS	☐ Delete
NAME	CAMPBELL, SALLIE K.	
STREET ADDRESS	4729 SW 20TH ST	
CITY-ST-ZIP	BELL FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☒ Addition
NAME	Treasurer	
STREET ADDRESS	FRANSMIEDT, GREGORY A.	
CITY-ST-ZIP	4209 SW CR 232 Bell, FL 32619	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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:

Sallie K. Campbell

Date

Daytime Phone #

352-463-1064

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)