

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90199 029 ***150.00

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DOCUMENT # P00000011084

1. Entity Name
MOBILE A/C CHARGING, INC.

Principal Place of Business Mailing Address
~~714 E PALMETTO PARK ROAD~~ ~~714 E PALMETTO PARK ROAD~~
~~BOCA RATON FL 33432~~ ~~BOCA RATON FL 33432~~

2. Principal Place of Business 3. Mailing Address
6144 NW 24 ST **6144 NW 24 ST**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BOCA RATON FL **BOCA RATON FL**

Zip Country Zip Country
33432 **FL** **33432** **FL**

4. FEI Number **65-0974768** 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

KAWA, TRACY
714 E PALMETTO PARK ROAD **6144 NW 24 ST**
BOCA RATON FL 33432 **BOCA RATON FL**
33432

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 Tracy Kawa DATE 3/18/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	D	<input type="checkbox"/> Delete
NAME	KAWA, TRACY	
STREET ADDRESS	6144 NW 24 STREET	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILLIAMS, REGINALD	
STREET ADDRESS	20937 ST. ANDREWS BLVD., APT 22	
CITY - ST - ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Tracy Kawa Tracy Kawa 3/18/02 561-417-6170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)