

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90094 018 \*\*\*150.00

**DOCUMENT # P00000011084**

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



**Principal Place of Business**

**6144 NW 24 STREET**  
**BOCA RATON FL 33432**

**Mailing Address**

**6144 NW 24 STREET**  
**BOCA RATON FL 33432**



**2. Principal Place of Business**

**6285 NW 23<sup>rd</sup> ROAD**

Suite, Apt. #, etc.

**BOCA RATON FL**

**3. Mailing Address**

**6285 NW 23<sup>rd</sup> ROAD**

Suite, Apt. #, etc.

**BOCA RATON FL**

☒ CHECK HERE IF MAKING CHANGES

**BOCA RATON FL**

City & State

**33434**

Country

**USA**

City & State

**33434**

Country

**USA**

**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**

**KAWA, TRACY**

**6144 NW 24 STREET**

**BOCA RATON FL 33432**

**7. Name and Address of New Registered Agent**

Name **(same)**

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

**6285 NW 23<sup>rd</sup> Road**

City **Boca Raton**

**FL**

Zip Code

**33434**

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE: **Tracy Kawa**

**4.7.03.**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **KAWA, TRACY**  
STREET ADDRESS **6144 NW 24 STREET**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **P** ☐ Delete  
NAME **WILLIAMS, REGINALD**  
STREET ADDRESS **20937 ST. ANDREWS BLVD., APT 22**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **> (same)** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6285 NW 23<sup>rd</sup> Road**  
CITY-ST-ZIP **Boca Raton FL 33434**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **6285 NW 23<sup>rd</sup> Road**  
CITY-ST-ZIP **Boca Raton FL 33434.**

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

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE: **Tracy Kawa**

**4.7.03**

**561.477.9196**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)