

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015708

1. Entity Name

THE MOBILE MANAGER, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90122 030 ***150.00

Principal Place of Business

Mailing Address

7797 NW 135 ST
REDDICK FL 32686

7797 NW 135 ST
REDDICK FL 32686

2. Principal Place of Business

5950 DORA DRIVE

3. Mailing Address

5950 DORA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mt. DORA, FLORIDA

City & State

Mt. DORA, FLORIDA

Zip

32757

Country

USA

Zip

32757

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, STEPHANIE E
7797 NW 135 ST
REDDICK FL 32686

7. Name and Address of New Registered Agent

Name Stephanie E. Sullivan

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

5950 DORA DRIVE

City

Mt. DORA,

FL

Zip Code

32757

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 **D** ☐ Delete
NAME **SULLIVAN, STEPHANIE E**
STREET ADDRESS **7797 NW 135 ST**
CITY-ST-ZIP **REDDICK FL 32686**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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
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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:

Stephanie E. Sullivan Stephanie E. Sullivan 01-10-01 362-362-1687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)