

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90036 008 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #**

P00000058188

1. Entity Name

SOUTHERN MOBILE ENTERPRISE INC

Principal Place of Business

Mailing Address

1801 E COLONIAL DR #107  
ORLANDO, FL 32803

**A0082194**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8543 WHITE ROSE DR

Suite, Apt. #, etc.

3. Mailing Address

1801 E COLONIAL DR

Suite, Apt. #, etc.

107

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3649238

Applied For

Not Applicable

Zip

32818

Country

US

Zip

32803

Country

US

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

LOUIS TAYLOR  
1801 E COLONIAL DR  
ORLANDO, FL 32803

Name

LOUIS TAYLOR

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

1801 E COLONIAL DR #107

City

ORLANDO

**FL**

Zip Code

32803

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

*Louis Taylor*  
Signature, typed or printed name of registered agent and title if applicable.

LOUIS TAYLOR

8/9/2001

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

☐ \$5.00

Trust Fund Contribution.

May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME LOUIS TAYLOR  
STREET ADDRESS 1801 E COLONIAL DR #107  
CITY - ST - ZIP ORLANDO, FL 32803

☐ Delete

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

TITLE VICE PRESIDENT  
NAME MARY TAYLOR  
STREET ADDRESS 1801 E COLONIAL DR #107  
CITY - ST - ZIP ORLANDO, FL 32803

☐ Delete

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

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

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

*Louis Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS TAYLOR

8/9/2001

(407) 541-0705

Date

Daytime Phone #

CR2E034 (9/99)