## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 20, 2002 8:00 am Secretary of State P01000080188 DOCUMENT # 1. Entity Name 05-20-2002 90107 044 \*\*\*150 00 EMOBILE TECHNOLOGIES, INC. Principal Place of Business Mailing Address 12740 COUNTRYSIDE TERRACE 12740 COUNTRYSIDE TERRACE COOPER CITY FL 33330 COOPER CITY FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 3018402 75-Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent .Name SUSSMAN, MARC G Street Address (P.O. Box Number is Not Acceptable) 12740 COUNTRYSIDE TERRACE COOPER CITY FL 33330 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax f fig requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See ch. eria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) CEO Addition ☐ Delete TITLE Change TITLE Puglisi, Christopher P 510 SE q th street #9 PHILLIPS, ROBERT K NAME 611 SEVILLA AVENUE CR2E034 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** Ft. Lunberbale, Fl 33316 CITY-ST-ZIP CITY-ST-ZIP C00 ☐ Delete TITLE STALLER, IAN H NAME NAME 1147 CHINABERRY DRIVE STREET ADDRESS STREET ADDRESS WESTON FL 33327 CITY-ST-ZIP CITY-ST-71P ☐ Change Addition ☐ Delete TITLE TITLE SUSSMAN, MARC G NAME NAME 12740 COUNTRYSIDE TERRACE STREET ADDRESS STREET ADDRESS COOPER CITY FL 33330 CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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