

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000092662

1. Entity Name  
A1 MOBILITY, INC.

Principal Place of Business  
7500 ULMERTON ROAD NO 22  
LARGO FL 33771

Mailing Address  
7500 ULMERTON ROAD NO 22  
LARGO FL 33771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
59-3745023

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$0.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RANEY, JANINE  
7500 ULMERTON ROAD NO 22  
LARGO FL 33771

Name HOWARD L RANEY  
Street Address (P.O. Box Number is Not Acceptable) HOME  
1093 DAMROSCH ST  
City LARGO FL Zip Code 33771

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

Howard L Raney HOWARD L RANEY

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reestablishing)

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, 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

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | D                        | <input checked="" type="checkbox"/> Delete |
| NAME           | RANEY, JANINE            |  |
| STREET ADDRESS | 7500 ULMERTON ROAD NO 22 |  |
| CITY-ST-ZIP    | LARGO FL 33771           |  |
| TITLE          | PRESIDENT                | <input type="checkbox"/> Delete            |
| NAME           | HOWARD L RANEY           |  |
| STREET ADDRESS | 1093 DAMROSCH ST         |  |
| CITY-ST-ZIP    | LARGO, FL 33771          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02

Daytime Phone #

FILED  
Apr 10, 2002 8:00 am  
Secretary of State

01-31-2002 90020 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2034 (9/01)