

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02-03-2003 90136 025*****70.00

FILED

03 APR -9 PM 2:36


SECRETARY OF STATE
TALLAHASSEE, FLORIDA
22000126



CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000043316

1. Entity Name
JOBMOBILE, INC.



Principal Place of Business
1700 W COLONIAL DR. STE 3 ADAMS
ORLANDO FL 32802-1172

Mailing Address
PO BOX 1172
ORLANDO FL 32802-1172

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country Zip Country

4. FEI Number
59-1665600

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ADAMS, TIM LUCAS
1700 W COLONIAL DR, STE 3 ADAMS
ORLANDO FL 32802-1172

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *[Signature]* **01-28-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D / P ADAMS, TIM LUCAS 1700 W COLONIAL DR, STE 3 ADAMS ORLANDO FL 32802-1172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / S ADAMS, VICTOR 1700 W COLONIAL DR, STE 3 ADAMS ORLANDO FL 32802-1172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / S ADAMS, TIMEKA 1700 W COLONIAL DR, STE 3 ADAMS ORLANDO FL 32802-1172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S00015767065 04/11/03--01076--016 **88.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Argrett, Leroy DIR 1025 N. Pine Hills Rd. FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Samuels, Kevin DIR 1025 N. Pine Hills Rd. OVI, FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Johnson, Ken DIR 1025 N. Pine Hills Rd. OVI, FL 32803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *[Signature]* **01-28-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0101187 AV

CR2E034 (10/02)