

# **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PA3000018072**

1. Entity Name

**MOBILE CONNECTIONS, INC.**

FILED

02 DEC 30 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500009769235  
12/31/02--01057--007 \*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**9017-F ADAMO DR**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**SAME**

City & State

**TAMPA, FL**

City & State

Zip

**33619**

Country

Zip

Country

4. FEI Number

**59-3170138**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**ROBERT C. KIPPER**

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

**4312 BRANDON RIDGE DR.**

City

**VALRICO**

**FL**

Zip Code

**33594**

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)

**12/12/02**

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ROBERT C. KIPPER 3458 BURKHARDT DR. VALHOLSTA, GA 31605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. ROBERT C. KIPPER 4312 BRANDON RIDGE DR. VALRICO, FL 33594</b>
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IN THIS SPACE**

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 on an attachment with a address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT KIPPER**

**12/12/02**

Date

**(813) 621-2222**

Daytime Phone #

CR2E034B (12/01)

25 1/3

# Mobile Connections

GET CONNECTED

Window Tinting  
Cellular Phones

Auto Alarms  
Satellite TV

3521 BELL SHOALS ROAD  
VALRICO, FLORIDA 33594  
TEL: (813) 651-3333  
FAX: (813) 651-4123

9017 - F ADAMO DRIVE  
TAMPA, FLORIDA 33619  
TEL: (813) 621-2222  
FAX: (813) 621-2121

12/27/02

State of Florida  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Uniform Business Report

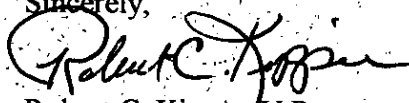
Dear Sirs:

This letter is to confirm that I have not received my 2002 Uniform Business Report. Per your department, my 2002 report was sent back to your office stating that the address was incorrect.

I have downloaded the form and am forwarding it to you along with a check for \$150.00. Please process this accordingly and update me on the status of my company.

Please feel free to contact me at the office (813-621-2222) or on my cell phone (813-784-0876).

Sincerely,



Robert C. Kipper, V.P.  
Mobile Connections, Inc.  
59-3170138



Nothing Else Compares.



AUTHORIZED AGENT