

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91839 027 \*\*\*150.00

DOCUMENT # P93000018072

1. Entity Name  
MOBILE CONNECTIONS, INC.



Principal Place of Business  
9017 F ADAMS DR  
TAMPA FL 33619

Mailing Address  
9017 F ADAMS DR  
TAMPA FL 33619

2. Principal Place of Business  
9017-5 ADAMS DR.  
Suite, Apt. #, etc.

3. Mailing Address  
4312 BRANDON RIDGE DR.  
Suite, Apt. #, etc.

City & State  
TAMPA, FL

City & State  
VALRICO, FL

4. FEI Number 59-3170138

Applied For  
Not Applicable

Zip 33619 Country HILLSBOROUGH

Zip 33594 Country HILLSBOROUGH

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

KIPPER, ROBERT P  
4312 BRANDON RIDGE DR  
VALRICO FL 33594

7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert C. Kipper  
Signature, typed or printed name of registered agent and filed applicable.

ROBERT C. KIPPER  
(NOTE: Registered Agent signature required when reinstating)

4/29/03  
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	P KIPPER, ROBERT P 3458 BURKHARDT DR VALDOSTA GA 31605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIPPER, ROBERT C 4312 BRANDON RIDGE DR VALRICO FL 33594	<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
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: Robert C. Kipper 4/29/03 (813) 661-8551  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)