

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059033

1. Entity Name

OPUS MOBILITY, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90088 046 ***150.00

Principal Place of Business

Mailing Address

229 LIVE OAK BLVD.
BLDG 5
CASSELBERRY FL 32707
US

229 LIVE OAK BLVD.
BLDG 5
CASSELBERRY FL 32707
US

2. Principal Place of Business

448 HIGHTOWER DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DEBARY, FLORIDA

City & State

4. FEI Number

59-3334712

Applied For

Not Applicable

Zip

32713

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEPHERD, JAMES E
1450 STATE ROAD 434 WEST, SUITE 200
LONGWOOD FL 32750

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 PD ☐ Delete
NAME SUBLETTE, PHYLLIS A
STREET ADDRESS 196 WIMBLEDON CIRCLE
CITY-ST-ZIP HEATHROW FL 32746

TITLE STD ☐ Delete
NAME HUMPHREY, JOHN T
STREET ADDRESS 196 WIMBLEDON CIRCLE
CITY-ST-ZIP HEATHROW FL 32746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME SUBLETTE, PHYLLIS A
STREET ADDRESS 448 HIGHTOWER DRIVE
CITY-ST-ZIP DEBARY, FL. 32713

TITLE STD ☒ Change ☐ Addition
NAME HUMPHREY, JOHN T
STREET ADDRESS 448 HIGHTOWER DRIVE
CITY-ST-ZIP DEBARY, FL. 32713

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *John T. Humphrey* JOHN T. HUMPHREY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

407-668-6550

Daytime Phone #

CR2F034 (9/99)