

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2000 90088 046 \*\*\*150.00

**DOCUMENT # P95000059033**

1. Entity Name

**OPUS MOBILITY, INC.**

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.

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SUBLETTE, PHYLLIS A	
STREET ADDRESS	196 WIMBLEDON CIRCLE	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HUMPHREY, JOHN T	
STREET ADDRESS	196 WIMBLEDON CIRCLE	
CITY-ST-ZIP	HEATHROW FL 32746	
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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUBLETTE, PHYLLIS A	
STREET ADDRESS	448 HIGHTOWER DRIVE	
CITY-ST-ZIP	DEBARY, FL. 32713	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMPHREY, JOHN T	
STREET ADDRESS	448 HIGHTOWER DRIVE	
CITY-ST-ZIP	DEBARY, FL. 32713	
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: *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 #

CR2E034 (9/99)