

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019937

1. Entity Name

MOBILEADS USA, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90049 011 ***158.50

Principal Place of Business

Mailing Address

2805 MARTIN LUTHER KING ST NO
 ST PETERSBURG FL 33704

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 ST PETERSBURG FL 33704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3444031**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGRADY, THOMAS
 7113 FIRST AVE SO
 ST PETERSBURG FL 33707

Name

Peter Schatzel

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

500 94 AVE North

City

St. Petersburg

FL

Zip Code
33702

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 **Bill Sanderson President Bill Sanderson**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **SANDERSON, WILLIAM L**
 CITY-ST-ZIP **2805 MARTIN LUTHER KING ST NO
 ST PETERSBURG FL 33704**

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **MCGRADY, THOMAS**
 CITY-ST-ZIP **7113 1AVE S
 ST PETERSBURG FL 33707**

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

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **SCHATZEL, PETER**
 CITY-ST-ZIP **500 94 AVE N
 ST PETERSBURG FL 33702**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SHEAN, JACK**
 CITY-ST-ZIP **1385 50 AVE NE
 ST PETERSBURG FL 33703**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KOELSCH, JAMES**
 CITY-ST-ZIP **6414 1 AVE N
 ST PETERSBURG FL 33710**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FOX, LYNN**
 CITY-ST-ZIP **4550 2 AVE N
 ST PETERSBURG FL 33713**

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:

Bill Sanderson President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00

727-821-4600

CR2E034 (9/99)