

Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90237 022 ***558.75

DOCUMENT # P98000004502

1. Entity Name

MOBLEY TRADING & INVESTMENT CORP.

Principal Place of Business

Mailing Address

~~5150 TAMMAM TR N~~
~~#700~~
~~NAPLES FL 34103~~
~~34103~~

~~5150 TAMMAM TR N~~
~~#700~~
~~NAPLES FL 34103~~
~~34103~~

2. Principal Place of Business

Weil, Gotshal & Manges LLP
701 Brickell Avenue, Suite 2100
Miami, Florida 33131

3. Mailing Address c/o Otto G. Obermaier,
Esq., as Receiver
Weil, Gotshal & Manges LLP
Suite, Apt. #, etc. Suite 2100
701 Brickell Avenue

City & State
Miami, FL

Zip
33131

Country
USA

4. FEI Number 59-3496923

Applied For
Not Applicable

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

~~LEONALVATORIO AGUILAR & BRADY~~
~~4501 N TAMMAM TR~~
~~#300~~
~~NAPLES FL 34103~~

Weil, Gotshal & Manges LLP
701 Brickell Avenue, Suite 2100
Miami, Florida 33131

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ~~CEO~~ ☐ Delete
NAME ~~MOBLEY, DAVID JR.~~
STREET ADDRESS ~~5150 N TAMMAM TR, #700~~
CITY-ST-ZIP ~~NAPLES FL 34103~~

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

TITLE ~~TO~~ ☐ Delete
NAME ~~MOBLEY, OWEN~~
STREET ADDRESS ~~5150 N TAMMAM TR, #700~~
CITY-ST-ZIP ~~NAPLES FL 34103~~

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

TITLE ~~W~~ ☐ Delete
NAME ~~MOBLEY, WILLIAM~~
STREET ADDRESS ~~5150 N TAMMAM TR, #700~~
CITY-ST-ZIP ~~NAPLES FL 34103~~

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

TITLE ~~W~~ ☐ Delete
NAME ~~MOBLEY, DAVID JR.~~
STREET ADDRESS ~~5150 N TAMMAM TR, #700~~
CITY-ST-ZIP ~~NAPLES FL 34103~~

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
See Attachment

TITLE ☐ Delete
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:

Otto G. Obermaier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Otto G. Obermaier, Receiver
See Attachment

Date

9-6-00

212-310-8843

Daytime Phone #

CR2E034 (5/00)