01/29/2002 10:19 9042239098 PETE ORLANDI

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90190 038 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091604

1. Entity Name
A-1 Mobile Service, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5971 W Beaver St
Suite, Apt. #, etc.
City & State: Jacksonville, FL
Zip: 32254 Country: USA

3. Mailing Address
Po Box 11
Suite, Apt. #, etc.
City & State: Whitehouse, FL
Zip: 32220 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3539891 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Robert Eatmon
Street Address (P.O. Box Number is Not Acceptable)
5971 W. Beaver St.
City: Jacksonville FL Zip Code: 32254

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: X Robert Eatmon
(Signature of an officer or director required if changing registered office address. Signature of registered agent required if changing registered agent address.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $350.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD Robert Eatmon 5971 W. Beaver St. Jacksonville FL 32254
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete Gregory Houston from All positions.
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CR2E034B (12/01)

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 11 or an attachment with an address, with all other like empowered.

SIGNATURE: X Robert Eatmon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #