

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050327

1. Entity Name

AXIS MOBILITY, INC.

FILED

Mar 06, 2001 8:00 am  
Secretary of State

03-06-2001 90293 047 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O KEVIN C. AMBLER, ESQ.  
400 NORTH TAMPA STREET, PARK TOWER #1100  
TAMPA FL 33602

C/O KEVIN C. AMBLER, ESQ.  
400 NORTH TAMPA STREET, PARK TOWER #1100  
TAMPA FL 33602

00030942



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3640791

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AMBLER, KEVIN C  
400 NORTH TAMPA STREET, PARK TOWER #1100  
TAMPA FL 33602

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, 2001 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 D ☐ Delete  
NAME GILL, ROBERT C  
STREET ADDRESS PO BOX 66327  
CITY-ST-ZIP ST PETE BEACH FL 33736

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

TITLE D ☐ Delete  
NAME RUSSICK, NORMAN II  
STREET ADDRESS 8401 9TH STREET SUITE B120  
CITY-ST-ZIP ST PETERSBURG FL 33702

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

TITLE D ☐ Delete  
NAME RUSSICK, JAMES C  
STREET ADDRESS 5259 WHITE SAND CIRCLE NE  
CITY-ST-ZIP ST PETERSBURG FL 33703

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

TITLE D ☐ Delete  
NAME BAYES, BRUCE  
STREET ADDRESS 12345 STARKEY ROAD SUITE E  
CITY-ST-ZIP LARGO FL 33777

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

TITLE D ☐ Delete  
NAME AMBLER, KEVIN C ESQ  
STREET ADDRESS 400 NORTH TAMPA STREET PARK TOWER #1100  
CITY-ST-ZIP TAMPA FL 33602

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01

Date

813-275-9100

Daytime Phone #

CR2E034 (10/00)