## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P9900050327 **DOCUMENT #**

1. Entity Name AXIS MOBILITY, INC.



**FILED** May 01, 2003 8:00 am Secretary of State
05-01-2003 90155 005 \*\*\*150.00

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Principal Place of Business C/O KEVIN C. AMBLER. ESO. 400 NORTH TAMPA STREET. PARK TOWER #1100 TAMPA FL 33602			Mailing Address C/O KEVIN C. AMBLER. ESO. 400 NORTH TAMPA STREET. PARK TOWER #1100 TAMPA FL 33602					
2. Principal Place of Business			3. Mailing Address			ITIO IBIIT OOIIT EBIIL BEISI EÖIB	E 81145 <b>80</b> 400 19118 1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59	9-3640791	<b>⊢</b> ——	pplied For ot Applicable	
Zip	Country Zip			Country	5. Certificate of Sta	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent	<u> </u>	7. Name and Addr	ess of New Registered	Agent	
AMRIER	KEVIN C		···	Name		•		
AMBLER, KEVIN C 400 NORTH TAMPA STREET, PARK TOWER			#1100	Street Addres	reet Address (P.O. Box Number is Not Acceptable)			
tampa fl	. 33602							
				City		F	Zip Cod	e
	named entity ions of regist		r the purpose of changing its	registered office or regis	stered agent, or both, in t	he State of Florida. I am	n familiar with,	and accept
SIGNATURE.	Cionettin bund	or printed name of registered agent a	and this if an effection (NOT	E. Basistarad At signatura		DATE		
	Signature, typed	or printed name or registered agent a	and title it applicable, (NOT	E: Registered Agent signature requ	uired when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00					Campaign Financing nd Contribution.		<b>0</b> May Be I to Fees	
Make Check Payable to Florida Department of State								
		<u> </u>						
10.	,	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHAN	NGES TO OFFICERS AN		
10.	D	OFFICERS AND		TITLE	ADDITIONS/CHAN	NGES TO OFFICERS AN	D DIRECTORS	S IN 11 Addition
10. TITLE NAME	D GILL, ROB	OFFICERS AND	DIRECTORS	TITLE NAME	ADDITIONS/CHAN	NGES TO OFFICERS AN		
10. TITLE NAME	D GILL, ROB PO BOX 6	OFFICERS AND	DIRECTORS	TITLE	ADDITIONS/CHAN	NGES TO OFFICERS AN		
TITLE NAME STREET ADDRESS	D GILL, ROB PO BOX 6	OFFICERS AND ERT C 6327	DIRECTORS	TITLE NAME STREET ADDRESS	ADDITIONS/CHAM	NGES TO OFFICERS AN		
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

PECKEVIN C. AMBLER, Esq. 4-29-03