

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076752

1. Entity Name

EMOBILE DATA, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90010 007 \*\*\*150.00

Principal Place of Business 2580 GULF TO BAY BLVD. SUITE 300 CLEARWATER FL 33765	Mailing Address 2580 GULF TO BAY BLVD. SUITE 300 CLEARWATER FL 33765-4435
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2. Principal Place of Business 3032 Jodi Lane Suite, Apt. #, etc. Attn: Kimberly Ali City & State Palm Harbor, FL Zip 34684 Country USA	3. Mailing Address 3032 Jodi Lane Suite, Apt. #, etc. Attn: Kimberly Ali City & State Palm Harbor, FL Zip 34684 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3627308	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GELLER, JACK J 2580 GULF TO BAY BLVD. SUITE 300 CLEARWATER FL 33765	7. Name and Address of New Registered Agent Name Kimberly Ali Street Address (P.O. Box Number is Not Acceptable) 3032 Jodi Lane City Palm Harbor FL Zip Code 34684
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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 Kimberly Ali Kimberly Ali 2/2/00  
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP President Mac Jones Ave 4790 Nixon Ave Delta, BC Canada	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP Deborah Springborn 2914 S Byron Brandon, FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP Sec Treas Kimberly Ali 3032 Jodi Lane Palm Harbor, FL 34684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 807, 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: Kimberly Ali Kimberly Ali 727/789-2271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone