

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-28-2000 90010 007 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000076752

1. Entity Name
EMOBILE DATA, INC.

Principal Place of Business 2560 GULF TO BAY BLVD. SUITE 300 CLEARWATER FL 33765	Mailing Address 2560 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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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
 2560 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 Ln
 City: Palm Harbor FL Zip Code: 34684

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** DATE: 2/2/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	President Mae 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 Ln 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** DATE: 727/789-2271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone