

2001 UNIFORM BUSINESS REPORT (UBR)

FILED 11/10/01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 Secretary of State
 01 SEP 28 01 PM 12:58

DOCUMENT # P99000076752

1. Entity Name
EMOBILE DATA, INC.

Principal Place of Business 3032 JODI LN ATTN: KIMBERLY ALI PALM HARBOR FL 34684	Mailing Address 3032 JODI LN ATTN: KIMBERLY ALI PALM HARBOR FL 34684
---	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent
ALI, KIMBERLY
 3032 JODI LN
 PALM HARBOR FL 34684

7. Name and Address of New Registered Agent
 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 _____ DATE _____
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JONES, MARC	
STREET ADDRESS	4790 NIXON AVE	
CITY-ST-ZIP	DELTA, BC, CANADA	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPRINGBORN, DEBORAH	
STREET ADDRESS	2914 S. BYRAN	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALI, KIMBERLY	
STREET ADDRESS	3032 JODI LN	
CITY-ST-ZIP	PALM HARBOR FL 34084	
TITLE	S/CFO	<input type="checkbox"/> Delete
NAME	Tverta, Perz	
STREET ADDRESS	11353 Kingsome Ave.	
CITY-ST-ZIP	Richmond BC V7A4W1	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	300004627763--5	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Kimberly Ali* 8/31/01