

2001 UNIFORM BUSINESS REPORT (UBR)

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

Zip

Country

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

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

TITLE **P** ☐ Delete
NAME **JONES, MARC**
STREET ADDRESS **4790 NIXON AVE**
CITY-ST-ZIP **DELTA, BC, CANADA**

TITLE **V** ☐ Delete
NAME **SPRINGBORN, DEBORAH**
STREET ADDRESS **2914 S. BYRAN**
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **ST** ☐ Delete
NAME **ALI, KIMBERLY**
STREET ADDRESS **3032 JODI LN**
CITY-ST-ZIP **PALM HARBOR FL 34084**

TITLE **5/CFO** ☐ Delete
NAME **Tuerta, Perz**
STREET ADDRESS **11353 Kingsome Ave**
CITY-ST-ZIP **Richmond BC V7A4W1**

TITLE **...** ☐ Delete
NAME **...**
STREET ADDRESS **...**
CITY-ST-ZIP **...**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/CEO/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **...** ☐ Change ☐ Addition
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)(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 4/23/01

FILED 1010
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 SEP 28 PM 12:58



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3627308** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required