

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111352

1. Entity Name
ALL STAR MOBILITY, INC.

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90266 037 ***150.00

Principal Place of Business

3754 B DOMESTIC AVE
NAPLES FL 34104

Mailing Address

2097 HOLIDAY LANE
NAPLES FL 34104

2. Principal Place of Business

111 E. Lady Lake Blvd.
Suite, Apt. #, etc.

3. Mailing Address

111 E. Lady Lake Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lady Lake

City & State

Lady Lake

4. FEI Number 65-0969768

Applied For
Not Applicable

Zip

Country

32159 USA

Zip

Country

32159 USA

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

6. Name and Address of Current Registered Agent

KNUDSEN, MARCIA A
2097 HOLIDAY LANE
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

05234 Magnolia Terrace

City

Fruitland Park

FL

Zip Code

34731

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, 2002 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 VP
NAME WONICKER, KARL O
STREET ADDRESS 2043 ESTEY AVENUE
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE P
NAME KNUDSEN, MARCIA A
STREET ADDRESS 2097 HOLIDAY LANE
CITY-ST-ZIP NAPLES FL 34104 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS 05234 Magnolia Terrace
CITY-ST-ZIP Fruitland Park, FL 34731 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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: Marcia A. Knudsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 352 750 2090
Date Daytime Phone #

CR2E034 (9/01)