

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S91974

1. Entity Name
MOBILE TELECOMMUNICATION SYSTEMS, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90280 050 ***158.75

Principal Place of Business

~~1400 LONGBOAT PT.~~ 5138 S. Pointe Dr.
INVERNESS FL ~~34451~~ 34450

Mailing Address

POST OFFICE BOX 2124
INVERNESS FL 34450 34451

00014751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5138 SOUTH POINTE DR.

Suite, Apt. #, etc.

3. Mailing Address

POST OFFICE BOX 2124

Suite, Apt. #, etc.

City & State

INVERNESS FL

City & State

INVERNESS FL

Zip

Country

34450

Zip

Country

34451

4. FEI Number 593101680

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALTOMARE, JAMES

1400 LONGBOAT POINT 5138 So. Pointe Drive
INVERNESS FL 34450

Name

ALTOMARE, JAMES

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

5138 SOUTH POINTE DR.

City

INVERNESS

FL

Zip Code

34450

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

James Altomare President James ALTOMARE 1/17/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ALTOMARE, JAMES	
STREET ADDRESS	1400 LONGBOAT PT.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	CEOT	<input type="checkbox"/> Delete
NAME	ALTOMARE, DAVID A	
STREET ADDRESS	3883 RUFFIN RD	
CITY-ST-ZIP	SAN DIEGO CA 92123-1813	
TITLE	S	<input type="checkbox"/> Delete
NAME	KELLY, DEBORA S	
STREET ADDRESS	4950 ALEJO ST	
CITY-ST-ZIP	SAN DIEGO CA 92124	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTOMARE, JAMES	
STREET ADDRESS	5138 SOUTH POINTE DR.	
CITY-ST-ZIP	INVERNESS, FL 34451	
TITLE	CEOT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALTOMARE, DAVID A.	
STREET ADDRESS	9606 AERO DRIVE, SUITE 1000	
CITY-ST-ZIP	SAN DIEGO, CA 92123	
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		
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)(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:

James Altomare James ALTOMARE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01

Date

352 726 7123

Daytime Phone #

CR2E034 (10/00)