

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002179

1. Entity Name
MOBITEC, LLC

Principal Place of Business
567 E. ELKCAM CIRCLE
MARCO ISLAND FL 34146-2157

Mailing Address
P.O. BOX 2157
MARCO ISLAND FL 34146-2157

FILED

01 APR 23 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

20 Marco Lake Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 2

City & State

City & State

Marco Island, FL

Zip

Country

Zip

Country

34146-20157

USA

4. FEI Number 59-3571617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, WILLIAM G ESQ.

247 NORTH COLLIER BOULEVARD, SUITE 202

MARCO ISLAND FL 34145

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

1100004163120--1
-05/08/01--01120--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR ☐ Delete
DRESCHER, UWE
STREET ADDRESS 1130 VERNON PLACE
CITY-ST-ZIP MARCO ISLAND FL 34145

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Signature: [Signature] REQ: [Signature] Dressed CFO Apr 19, 01 394 5219

CR2E083 (11/00)