

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90161 010 ****61.25

DOCUMENT # N22917

1. Entity Name

NATIONAL MOBILITY EQUIPMENT DEALERS ASSOCIATION.

Principal Place of Business

Mailing Address

909 E. SKAGWAY AVENUE
 TAMPA FL 33604

909 E. SKAGWAY AVENUE
 TAMPA FL 33604-1747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2930516

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PLANK, REBECCA
909 E. SKAGWAY AVE.
TAMPA FL 33604

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **DP SMITH, MARTIN**
 STREET ADDRESS **8666 HUEBNER ROAD #104**
 CITY-ST-ZIP **SAN ANTONIO TX**

TITLE Change Addition
 NAME **Treasurer**
 STREET ADDRESS **Richard May**
 CITY-ST-ZIP **1322 Ashby St**
Olivette, MO 63132

TITLE Delete
 NAME **DV CRAWFORD, SAM**
 STREET ADDRESS **940 CLEVELAND AVE SW**
 CITY-ST-ZIP **CANTON OH 44707**

TITLE Change Addition

TITLE Delete
 NAME **DT FITZPATRICK, LISA**
 STREET ADDRESS **6353 SALTZGABER RD**
 CITY-ST-ZIP **GROVEPORT OH**

TITLE Change Addition

TITLE Delete
 NAME **DM PLANK, REBECCA**
 STREET ADDRESS **909 E. SKAGWAY AVE**
 CITY-ST-ZIP **TAMPA FL 33604**

TITLE Change Addition

TITLE Delete
 NAME **DS QUANDT, JOHN**
 STREET ADDRESS **15F INTERNATIONAL DR**
 CITY-ST-ZIP **EAST GRANBY CT**

TITLE Change Addition
 NAME **President**

TITLE Delete

TITLE Change Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

15877554