

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2002 91274 044 ****61.25

DOCUMENT # N22917

1. Entity Name

NATIONAL MOBILITY EQUIPMENT DEALERS ASSOCIATION,

Principal Place of Business

Mailing Address

11211 N. NEBRASKA AVE
 SUITE A-5
 TAMPA FL 33612

11211 N. NEBRASKA AVE
 SUITE A-5
 TAMPA FL 33612

434007



DO NOT WRITE IN THIS SPACE

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

Name

DANA L. ROELING

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

11211 N. NEBRASKA AVE

SUITE A5

City

TAMPA

FL

Zip Code

33612

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 **DANA L. ROELING**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Dana L Roeling 4-30-02

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 **T MAY, RICHARD**
 STREET ADDRESS **1322 ASHBY STREET**
 CITY-ST-ZIP **SAINT LOUIS MO 63132**

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

TITLE ☒ Delete
 NAME **DV CRAWFORD, SAM**
 STREET ADDRESS **17300 HWY 77**
 CITY-ST-ZIP **GROSSE TETE LA 70740**

TITLE ☒ Change ☐ Addition
 NAME **MARGUS SMITH**
 STREET ADDRESS **17300 HWY 77**
 CITY-ST-ZIP **GROSS TATE LA 70740**

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

TITLE ☒ Change ☐ Addition
 NAME **DANA L ROELING**
 STREET ADDRESS **11211 N. NEBRASKA AVE, SUITE A5**
 CITY-ST-ZIP **TAMPA, FL 33612**

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 #

813-977-6603

CR2E037 (9/01)