

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004477

Entity Name: MOBILE AMUSEMENT INDUSTRY, INC.**Current Principal Place of Business:**1305 MEMORIAL AVENUE
WEST SPRINGFIELD, MA 01089**Current Mailing Address:**1305 MEMORIAL AVENUE
WEST SPRINGFIELD, MA 01089 US**FEI Number:** 59-3662833**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIECKO, GREGORY B
1035 S. SEMORAN BLVD., SUITE 1045-A
WINTER PARK, FL 32792 US*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:** GREGORY B. CHIECKO

01/28/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	CHIECKO, GREG
Address	1305 MEMORIAL AVENUE
City-State-Zip:	WEST SPRINGFIELD MA 01089

Title	C
Name	SCHOENDIENST, LORELEI
Address	407 BELT LINE RD STE 357
City-State-Zip:	COLLINSVILLE IL 62234

Title	DIRECTOR
Name	JOHNSON, BILL
Address	629 N FORREST AVE
City-State-Zip:	ARLINGTON HEIGHTS IL 60004

Title	VC
Name	SMITH, MARY CHRIS
Address	10451 GULF BLVD.
City-State-Zip:	TREASURE ISLAND FL 33706

Title	DIRECTOR
Name	POWERS, DEBORAH
Address	239 INDUSTRIAL BLVD
City-State-Zip:	WHITEVILLE NC 28472

Title	DIRECTOR
Name	JOHNSON, ROBERT W
Address	1600 OAKHURST AVENUE
City-State-Zip:	WINTER PARK FL 32789

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY B. CHIECKO

PRESIDENT

01/28/2020

Electronic Signature of Signing Officer/Director Detail

Date