

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90164 035 ***558.75

DOCUMENT # F02000004550

1. Entity Name
MOBILE BILLBOARDS OF AMERICA, INC.



Principal Place of Business
8535 TANGLEWOOD SQUARE #105
CHAGRIN FALLS OH 44023

Mailing Address
8535 TANGLEWOOD SQUARE #105
CHAGRIN FALLS OH 44023



2. Principal Place of Business

11520 ST CHARLES ROCK RD 8535 TANGLEWOOD SQ.

Suite, Apt. #, etc.

#212

3. Mailing Address

8535 TANGLEWOOD SQ.

Suite, Apt. #, etc.

#105

☐ CHECK HERE IF MAKING CHANGES

City & State

BRIDGETON MO

City & State

CHAGRIN FALLS OH

Zip

63044

Country

USA

Zip

44022

Country

GEORGIA

4. FEI Number 34-1945377

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **CP** ☐ Delete

NAME **LOMAS, MICHAEL A**
STREET ADDRESS **15800 ARBOR TRAIL**
CITY-ST-ZIP **NEWBURY OH 44065**

TITLE **D** ☐ Delete

NAME **YOUNG, MICHAEL L**
STREET ADDRESS **1800 K STREET NW STE. 1000**
CITY-ST-ZIP **WASHINGTON DC 20006**

TITLE **DST** ☐ Delete

NAME **HOLOHAN, LAURINDA**
STREET ADDRESS **8535 TANGLEWOOD SQUARE #105**
CITY-ST-ZIP **CHAGRIN FALLS OH 44023**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 607, 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: **LAURINDA HOLOHAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURINDA HOLOHAN SECY TREASURER 7/19/03

Date

07-14-2003 90164 035 ***558.75

CR2E034 (4/03)