2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G27127

1. Entity Name

B AND R MOBILITY SERVICES, INC.

Principal Place of Business	Mailing Address
E. SKAGWAY AVENUE FL 33604	914 E. SKAGWAY AVENUE TAMPA FL 33604-1865

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1001 E. SKAGWAY AVE
Suite, Apt. #, etc.

3. Mailing Address
1001 E. SKAGWAY AVE
Suite, Apt. #, etc.

City & State *TAMPA, FL*
Zip *33604-1760* Country *US*

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Zip *33604-1760* Country *US*

4. FEI Number **59-2295589**
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLECTHER, PATRICIA A
914 E SKAGWAY AVE
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1001 E. SKAGWAY AVE

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

9. This corporation is eligible to satisfy its Intangible-Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS: $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☒ Delete	TITLE	*President*	☒ Change	☒ Addition
NAME	FLETCHER, PATRICIA A		NAME	*Carlos A Saez*		
STREET ADDRESS	914 E SKAGWAY AVE		STREET ADDRESS	*1001 E. Skagway Ave*		
CITY-ST-ZIP	TAMPA FL 33604		CITY-ST-ZIP	*Tampa FL 33604*		
TITLE	VP	☒ Delete	TITLE	*Treasurer*	☒ Change	☒ Addition
NAME	FLETCHER, TERRY L		NAME	*Nancy Donnelly*		
STREET ADDRESS	914 E SKAGWAY AVE		STREET ADDRESS	*1001 E. Skagway Ave*		
CITY-ST-ZIP	TAMPA FL 33604		CITY-ST-ZIP	*Tampa, FL 33604*		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *PATRICIA FLETCHER* 1/4/00 813-933-5152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   *Nancy Donnelly* 4/3/00 (813) 222-5452
Date   Daytime Phone #