

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G27127**

1. Entity Name
B AND R MOBILITY SERVICES, INC.

Principal Place of Business
**1001 E SKAGWAY AVE
TAMPA FL 33604-1780**

Mailing Address
**1001 E SKAGWAY AVE
TAMPA FL 33604-1780**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**FLEOTER, PATRICIA A
1001 E SKAGWAY AVE
TAMPA FL 33604**

7. Name and Address of New Registered Agent

CARLOS A. SAEZ
Street Address (P.O. Box Number Not Acceptable)
1001 E SKAGWAY AVE
City **Tampa** FL **33604**

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]** DATE **9.1.01**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **P** ☐ Delete
NAME **SAEZ, CARLOS A**
STREET ADDRESS **1001 E SKAGWAY AVE**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **T** ☐ Delete
NAME **DONNELLY, NANCY**
STREET ADDRESS **1001 E SKAGWAY AVE**
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **000004717390--1**
STREET ADDRESS **-12/10/01--01108-016**
CITY-ST-ZIP ******550.00 ****550.00**

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

01 NOV 27 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

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

0085351 AV

CR2E034 (5/01)