## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am DOCUMENT # **J71295** 1. Entity Name **Secretary of State** MOBIS CORPORATION 01-19-2000 90263 041 \*\*\*150.00 Principal Place of Business Mailing Address 13630 58TH STREET NORTH 13630 58TH STREET NORTH SUITE 103 SUITE 103 **CLEARWATER FL 34620** CLEARWATER FL 33760-3734 Principal Place of Business DO NOT WRITE IN THIS SPACE uite Applied For 4. FEI Number 59-2801058 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent Name and Address of New Registered Agent Name HADLOW, RICHARD B. Street Address (P.O. Box Number is Not Acceptable) 220 S. FRANKLIN ST. TAMPA FL 33602 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE Change TITLE Eubene Santoro NAME NAME ETTER, JEFFREY L 13630 58#ST. NO. SUITE 103 STREET ADDRESS STREET ADDRESS 13630 58TH ST NORTH #103 CITY-ST-ZIP CITY-ST-ZIE Clearwater, FL. 23760 CLEARWATER FL 33760 ☐ Addition ☐ Change TITLE ST Delete TITLE SANTORO, RITA L. NAME STREET ADDRESS STREET ADDRESS 13630 58TH ST., N. #103 CITY-ST-ZIP CITY-ST-ZIF **CLEARWATER FL 33760** ☐ Change ☐ Addition TITLE ☐ Delete TITLE ETTER, JEFFREY L. 1 NAME NAME STREET ADDRESS STREET ADDRESS 13630 58TH STREET NORTH #103 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760** ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #