2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000088399 1. Entity Name MOBILITY-AIDS, INC.



FILED Mar 24, 2003 8:00 am § Secretary of State

03-24-2003 90222 023 ***150.00



Principal Place of Business 5445 MARINER ST, TAMPA FL 33609			Mailing Address 1568 CHAPPEL DAM RD GLADWIN MI 48624								
						ĺ					
2. Principal Place of Business ONE WAIDEN WAY			3. Mailing Address							6 1 10 10 14 100	
South Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State Michigan			City & State				4. FEI N	lumber 59-36716	88		Applied For
Zip 480	8624 USA)	Coun	Country			ficate of Status Desire	ed 🗆	\$8.75 / Fee Requ	Not Applicable Additional
	-6Name and Address of Current	Registe	legistered Agent				∹7≍Name	and Address of Ne	w Registered		ired
HAAS, C	AROL		Name				•				
5445 MARINER ST.					Street	Address (P.	P.O. Box Nu	umber is Not Accepta	able)		
tampa f	L 33609					***				,	
					City	-			F	Zip Ci	
8. The above the obligation	e named entity submits this statement for ations of registrated agent.	the pur	pose of changing its	registere	d office o	or registered	d agent, o	or both, in the State of	Florida. I an	 n familiar wit	h, and accept
·		75	Al Care								
SIGNATURE	Signature, typed or printed name of registered agent a	nd tine if ap	plicable. (NOTE:	Registered	Agent signa	iture required wi	hen reinstating	g)	DATE		
	FILE NOW!!! FEE IS \$150.00			**		 -					·
Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State					9.	Election Campaign Trust Fund Contribu		□ \$5 .	.00 May Be led to Fees
10.	OFFICERS AND I	DIRECTO	DRS	11.			ADDITIO	NS/CHANGES TO C	FFICERS AN	D DIRECTO	RS IN 11
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AME Treet address	•			NAME						51161195	☐ Addition
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I hereby certify that the information supplied with this filling 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 chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

120/03

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