

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90260 011 ***150.00

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AV

DOCUMENT # P01000096876

1. Entity Name
MOBILITY WORLD, INC.



Principal Place of Business
**2312 E. EDGEWOOD DRIVE
LAKELAND FL 33803**

Mailing Address
**2312 E. EDGEWOOD DRIVE
LAKELAND FL 33803**



2. Principal Place of Business
5935 LAKE COVE LANE
Suite, Apt. #, etc.

3. Mailing Address
PO Box 6316
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LAKELAND FL
Zip
33807
Country
FLORIDA

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4. FEI Number **59-3752293** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANCASTER, JOHN J
500 SOUTH FLORIDA AVENUE
SUITE 800
LAKELAND FL 33801**

7. Name and Address of New Registered Agent

Name **JOLICOEUR Judith F**
Street Address (P.O. Box Number is Not Acceptable)
5935 LAKE COVE LANE
PO Box 6316
City **LAKELAND** FL Zip Code **33807**

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 *Judith F. Jolicoeur*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JOLICOEUR, JUDITH F 2312 E. EDGEWOOD DRIVE LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOLICOEUR, JUDITH F. 5935 LAKE COVE LANE (PO Box 6316) LAKELAND, FL 33807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Judith F. Jolicoeur* **JUDITH F. JOLICOEUR** **4-29-03** **863 644-6913**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)