

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016151

1. Entity Name

MOBILE SERVICE INDUSTRIES INC.

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90097 019 ***158.75

Principal Place of Business

Mailing Address

2226 JERNIGAN RD
JACKSONVILLE FL 32207
US

2226 JERNIGAN RD
JACKSONVILLE FL 32207-6710
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3364724

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYLE, JAMES A
12734 PLUMMER GRANT RD
JACKSONVILLE FL 32258

Name

Street Address (P.O. Box Number is Not Acceptable)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
BOYLE, JAMES ALAN
10524 MAIDEN VOYAGE CIR W
JACKSONVILLE FL



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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
NEFF, BRETT
6226 FORDHAM CIRCLE EAST
JACKSONVILLE FL



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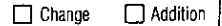
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Change Addition

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Change Addition

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:

James Alan Boyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000
Date

(904) 398-4102
Daytime Phone #

CR2E034 (9/99)