

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000016151

FILED
Jan 17, 2003
Secretary of State

Entity Name: MOBILE SERVICE INDUSTRIES INC.

Current Principal Place of Business:

2226 JERNIGAN RD
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

2226 JERNIGAN RD
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-3364724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLE, JAMES A
5390 WINROSE FALLS DRIVE
JACKSONVILLE, FL 32258

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: BOYLE, JAMES A
Address: 5390 WINROSE FALLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32258

Title: V () Delete
Name: NEFF, BRETT
Address: 12048 OLDFIELD POINTE DR S
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: NEFF, BRETT
Address: 12048 OLDFIELD POINTE DR S
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES ALAN BOYLE

P

01/17/2003

Electronic Signature of Signing Officer or Director

Date