

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90031 012 ***158.75

DOCUMENT # P96000049171

1. Entity Name
MOBILE MART, INC.

Principal Place of Business 8910 N. DALE MABRY HWY. SUITE 22 TAMPA FL 33614	Mailing Address 2780 E. FOWLER AVE. PMB #168 TAMPA FL 33612-6297
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AUG 6 2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2780 E FOWLER AVE	3. Mailing Address SAME
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Suite, Apt. #, etc. 168	Suite, Apt. #, etc.
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City & State Tampa	City & State
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4. FEI Number 59-3382552	Applied For <input type="checkbox"/> Not Applicable
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Zip 33612	Country HILLSBOROUGH	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOPE, BOB M
 2780 E. FOWLER AVE.
 PMB #168
 TAMPA FL 33612**

Name
SAME
 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 *Bob Hope President (Address change only)* 2/9/01
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, 2001 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	P HOPE, BOB M 3956 APPLGATE CIRCLE BRANDON FL 33511	<input type="checkbox"/> Delete
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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	I HOPE, JEAN D 3956 APPLGATE CIRCLE BRANDON FL 33511	<input type="checkbox"/> Delete
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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
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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: *Mobile Mart done by Bob M Hope* 2/9/01 813-340-0524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)