

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90141 045 ***150.00

DOCUMENT # P96000049171



1. Entity Name
MOBILE MART, INC.

Principal Place of Business
**2780 E FOWLER AVENUE
168
TAMPA FL 33612**

Mailing Address
**2780 E. FOWLER AVE.
PMB #168
TAMPA FL 33612-6297**



2. Principal Place of Business
3956 Applegate Cir
Suite, Apt. #, etc.

3. Mailing Address
3956 Applegate Cir
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
BRANDON, FL

City & State
BRANDON, FL

4. FEI Number **59-3382552**

Applied For
 Not Applicable

Zip
33511

Country
Hillsborough

Zip
33511

Country
Hillsborough

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Hope, Bob M. (same)**
Street Address (P.O. Box Number is Not Acceptable)
3956 Applegate Cir
City **BRANDON** FL Zip Code **33511**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **2/25/03**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	HOPE, BOB M 3956 APPLGATE CIRCLE BRANDON FL 33511	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T	HOPE, JEAN D 3956 APPLGATE CIRCLE BRANDON FL 33511	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/25/03** DAYTIME PHONE # **813-340-0524**

CF2E034 (10/02)