

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035059

1. Entity Name

P & L MOBILE INVESTMENTS, INC.

Principal Place of Business

3221 LORI LANE
NEW PORT RICHEY FL 34655

Mailing Address

3221 LORI LANE
NEW PORT RICHEY FL 34655

2. Principal Place of Business

5330 GREEN KEY RD.

3. Mailing Address

See above

Suite, Apt. #, etc.

New Port Richey, FL

Suite, Apt. #, etc.

See above

City & State

City & State

Zip

34652

Country

PASCO

Zip

Country

4. FEI Number 59-3440712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, ARTHUR R
4875 NORTH FEDERAL HWY
SEVENTH FLOOR
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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, 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

TITLE PD
NAME PEROSSIAN, PETER
STREET ADDRESS 3031 NORTH OCEAN BLVD
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE VSTD
NAME MANNINO, LAREE
STREET ADDRESS 3221 LORI LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34658 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: LAREE MANNINO *Laree Mannino V.P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

727-372-6169

Daytime Phone #

0423566

CR2E034 (10/00)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90049 037 ***150.00

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DO NOT WRITE IN THIS SPACE