

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 13, 2000 8:00 am
Secretary of State

05-13-2000 90008 045 ***150.00

DOCUMENT # P97000037479

1. Entity Name

MOBILE FOOT CARE SERVICES, INC.

Principal Place of Business

655 FULTON STREET
SUITE 7
SANFORD FL 32771
US

Mailing Address

655 FULTON STREET
SUITE 7
SANFORD FL 32713-2443
US

2. Principal Place of Business

10 Dogwood Trail

Suite, Apt., Etc.

Suite B

City & State

DeBary, FL

Zip

32713

Country

USA

3. Mailing Address

10 Dogwood Trail

Suite, Apt., Etc.

Suite B

City & State

DeBary, FL

Zip

32713

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3443016

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOOCKER, SAMUEL S DPM
445 WARRIOR TRAIL
ENTERPRISE FL 32725

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WOOCKER, SAMUEL S
655 FULTON STREET SUITE 7
SANFORD FL 32771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 (407)668-0655

CR2E034 (9/99)