## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE:

## **FILED** DOCUMENT # **P97000053067** Apr 18, 2000 8:00 am Secretary of State MOBILITY INDEPENDENT TRANSPORTATION SYSTEMS, INC 04-18-2000 90185 013 \*\*\*150.00 Principal Place of Business Mailing Address 9191 130TH AVENUE NORTH 9191 130TH AVENUE NORTH LARGO FL 33773-1337 Largo FL 33773 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3452876 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GALIETTA, PETER J SR. Street Address (P.O. Box Number is Not Acceptable) 7862 SAILBOAT KEY BLVD. SO. UNIT #101 S. PASADENA FL 33707 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition CR2E034 (9/99) □ Delete TITLE TITLE GALIETTA, PETER J SR. NAME NAME 7862 SAILBOAT KEY BLVD. S. #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF SO. PASADENA FL 33707 Change Addition TITLE Delete TITLE JOHNSON, BRIAN NAME NAME STREET ADDRESS 5642 19TH AVENUE NORTH STREET ADDRESS ST. PETERSBURG-FL-33710 CITY-ST-7IP-1-CITY-ST-ZIP \_ Addition Delete TITLE ☐ Change TITLE GALIETTA, JUDITH ANN NAME NAME STREET ADDRESS 7862 SAILBOAT KEY BLVD, S. #101 STREET ADDRESS CITY-ST-ZIP SO. PASADENA FL 33707 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 13. I hereby certify that the information supplied with this filling 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