2001 UNIFORM BUSINESS REPORT (UBR) Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P97000053067 1. Entity Name MOBILITY INDEPENDENT TRANSPORTATION SYSTEMS, INC 04-20-2001 90307 017 ***150 00 Principal Place of Business Mailing Address 9191 130TH AVENUE NORTH 9191 130TH AVENUE NORTH LARGO FL 33773 LARGO FL 33773 2. Principal Place of Business DO NOT WRITE IN THIS SPACE V & State 4. FEI Number Applied For 59-3452876 Not Applicable \$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 changing its registered office or registered agent, or both, in the State of Florida. The above named entity submits this statement for the purpose g (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE GALIETTA, PETER J SR. NAME NAME 7862 SAILBOAT KEY BLVD. S. #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SO. PASADENA FL 33707 CITY-ST-ZIP ☐ Addition Change TITLE TITLE JOHNSON, BRIAN NAME NAME 5642 19TH AVENUE NORTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33710 GITY - ST - ZIP CITY-ST-ZIE STD Change ☐ Addition TITLE TITLE GALIETTA, JUDITH ANN NAME NAME 7862 SAILBOAT KEY BLVD. S. #101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SO. PASADENA FL 33707 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-7IP Change Addition TITLE ☐ Delete

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 in Block 12 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP