

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90133 006 ***150.00

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DOCUMENT # P97000053067

1. Entity Name
MOBILITY INDEPENDENT TRANSPORTATION SYSTEMS, INC



Principal Place of Business
**8219 ULMERTON ROAD
LARGO FL 33771**

Mailing Address
**8219 ULMERTON ROAD
LARGO FL 33771**

2. Principal Place of Business
8203 ULMERTON RD

3. Mailing Address
Same as principal

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo FL

City & State

Zip

33771

Country

USA

Zip

Country

4. FEI Number **59-3452876**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GALIETTA, PETER J SR.
7862 SAILBOAT KEY BLVD. SO.
UNIT #101
S. PASADENA FL 33707**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Peter J. Galetta Sr. / Pres**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/03

**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

TITLE **PD** ☐ Delete
NAME **GALIETTA, PETER J SR.**
STREET ADDRESS **7862 SAILBOAT KEY BLVD. S. #101**
CITY-ST-ZIP **SO. PASADENA FL 33707**

TITLE **STD** ☐ Delete
NAME **GALIETTA, JUDITH ANN**
STREET ADDRESS **7862 SAILBOAT KEY BLVD. S. #101**
CITY-ST-ZIP **SO. PASADENA FL 33707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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:

Judith A. Galetta, Secretary **4/4/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **727-524-1300**
367-9216

CR2E034 (10/02)