

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

8003 ULMERTON Rd

Suite, Apt. #, etc.

3. Mailing Address

Same as principal

Suite, Apt. #, etc.

City & State

Largo FL

City & State

Zip

33771

Zip

Country

USA

Country

4. FEI Number

59-3452876

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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 Galietta Sr. Pres

(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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALIETTA, PETER J SR.		NAME	
STREET ADDRESS	7862 SAILBOAT KEY BLVD. S. #101		STREET ADDRESS	
CITY-ST-ZIP	SO. PASADENA FL 33707		CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALIETTA, JUDITH ANN		NAME	
STREET ADDRESS	7862 SAILBOAT KEY BLVD. S. #101		STREET ADDRESS	
CITY-ST-ZIP	SO. PASADENA FL 33707		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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:

Peter J Galietta, Judith A. Galietta, secretary 4/4/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*127524-1300
367-9216*

Data

Daytime Phone #

049675
AV

CR2E034 (10/02)