

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101842

1. Entity Name

BABY'S PORTABLE MOBILE, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90127 001 ***150.00

Principal Place of Business

Mailing Address

20061 N.W. 43 CT.
CAROL CITY FL 33055

20061 N.W. 43 CT.
CAROL CITY FL 33055-1535

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0819879

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, VERA
20061 N.W. 43 CT.
CAROL CITY FL 33055

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
NAME	NAME	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP		
DP JACKSON, RUSSELL J 20061 N.W. 43 CT. CAROL CITY FL 33055			
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
NAME	NAME	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP		
DTV JACKSON, VERA 20061 N.W. 43 CT. CAROL CITY FL 33055			
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
NAME	NAME	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP		
S RUIZ, KIMBERLY 20061 N.W. 43 CT. CAROL CITY FL 33055			
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
NAME	NAME	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
NAME	NAME	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	
NAME	NAME	STREET ADDRESS	
CITY - ST - ZIP	CITY - ST - ZIP		

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:

Vera L. Jackson VERA L. JACKSON 4/10/00 305-621-9315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)