

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90174 027 ***150.00

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DOCUMENT # P97000108587



1. Entity Name
MRS. MOBILITY, INC.

Principal Place of Business
**11073 SPRING HILL DR.
SPRING HILL FL 34608
US**

Mailing Address
**11073 SPRING HILL DR.
SPRING HILL FL 34608
US**

2. Principal Place of Business
11163 Spring Hill Dr
Suite, Apt. #, etc.

3. Mailing Address
11163 Spring Hill Dr.
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Spring Hill FL
Zip
34608
Country
USA

City & State
Spring Hill FL
Zip
34608
Country
USA

4. FEI Number **59-3491066** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ZMYI, TAMI
2383 SUTTON PL
SPRING HILL FL 34608**

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 *Tami Myi*
Signature, typed or printed name of registered agent and title if applicable.

4/14/03
DATE

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST ZMYJ, TAMI L 2383 SUTTON PLACE SPRING HILL FL 34608	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tami Myi* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03
Date

35261063000
Daytime Phone #

CR2E034 (10/02)