

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100135

1. Entity Name

MOBILE MAIDS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90089 035 ***150.00

Principal Place of Business

Mailing Address

1214 ADELEIDE CT
OCOE FL 34761

1214 ADELEIDE CT
OCOE FL 34761-1855

2. Principal Place of Business

3. Mailing Address

1214 Adeleide Ct.
Suite, Apt. #, etc.

1214 Adeleide Ct
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
OCOE FL

City & State
OCOE FL

4. FEI Number 59-3543014

Applied For
Not Applicable

Zip 34761 Country

Zip 34761 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

WILLETT, LINDA
1214 ADELEIDE CT
OCOE FL 34761

Name LARSEN, ELAINE
Street Address (P.O. Box Number is Not Acceptable)
1214 ADELEIDE CT
City OCOE FL Zip Code 34761

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 fee 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLETT, LINDA	
STREET ADDRESS	1214 ADELEIDE CT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LARSEN, ELAINE	
STREET ADDRESS	1214 ADELEIDE CT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, ELAINE	
STREET ADDRESS	1214 ADELEIDE CT	
CITY-ST-ZIP	OCOE FL 34761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 if changed, or on an attachment with an address, with all other live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)