

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P99000003946**

1. Entity Name

PRIDE MOBILITY CENTER, INC.**FILED**
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90384 001 ***300.00

0410688

Principal Place of Business 1800 NORTHGATE BLVD., SUITE A-5 SARASOTA FL 34234	Mailing Address 1800 NORTHGATE BLVD., SUITE A-5 SARASOTA FL 34234
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41088

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 714 McArthur Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SARASOTA	
Zip	Country	Zip	Country
		34243-1604	SARASOTA

4. FEI Number 65-0888527	Applied For <input type="checkbox"/> Not Applicable
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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

**FORRESTER, MICHAEL C
1800 NORTHGATE BLVD., SUITE A-5
SARASOTA FL 34234**

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D			<input type="checkbox"/> Delete	
	FORRESTER, MICHAEL C	1800 NORTHGATE BLVD., SUITE A-5	SARASOTA FL 34234		
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	

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 like empowered.

SIGNATURE: Michael Forrester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORMichael Forrester 4/24/01 941-708-0875
Date Daytime Phone #

CR2E034 (10/00)