

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000043462**

1. Entity Name

MOBILE COMPUTER SERVICES, INC.**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90025 046 ***150.00

Principal Place of Business

21701 FREEMAN DR.
UMATILLA FL 32784

Mailing Address

21701 FREEMAN DR.
UMATILLA FL 32784-8325

2. Principal Place of Business

15311 OLD HWY 441

Suite, Apt. #, etc.

UNIT A

3. Mailing Address

15311 OLD HWY 441

Suite, Apt. #, etc.

UNIT A

City & State

TAVARES FL

City & State

TAVARES FL

Zip

32778

Country

US

Zip

32778

Country

US

4. FEI Number

59-3576268

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SLOCOMB, LORRAINE M
21701 FREEMAN DR.
UMATILLA FL 32784

7. Name and Address of New Registered Agent

Name

LAURA DE CLOEDT

Street Address (P.O. Box Number is Not Acceptable)

520 MICHIGAN AVE

City

EUSTIS

FL

Zip Code

32726

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

Laura B De Cloedt

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

x 1/31/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DECLOEDT, LAURA
520 MICHIGAN AVE.
EUSTIS FL 32726 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SKINNER, RICHARD
1045 GOLDEN ISLE DR.
MT. DORA FL 32757 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 1/31/2000

Date

Daytime Phone #