

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S25621

1. Entity Name

MOBILITY RELOCATION SERVICES, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90176 008 \*\*\*150.00

Principal Place of Business

Mailing Address

~~19353 US HIGHWAY 19 NORTH~~  
~~SUITE 100~~  
~~CLEARWATER FL 33764~~  
US

~~PO BOX 6600~~  
~~CLEARWATER FL 33758-6600~~  
US

2. Principal Place of Business

300 S. PARK PLACE BLVD

3. Mailing Address

300 S. PARK PLACE BLVD

Suite, Apt. #, etc.

150

Suite, Apt. #, etc.

150

City & State

Clearwater, FL

City & State

Clearwater FL

4. FEI Number

65-0241263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

Country

33759

Zip

Country

33759

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISHER POWERS, JILL E

~~19353 US HWY 19 N.~~

~~SUITE 100~~

~~CLEARWATER FL 33764~~

Name

Street Address (P.O. Box Numbers Not Acceptable)

300 S. PARK PLACE BLVD, SUITE 150

City

Clearwater

FL

Zip Code

33759

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          | DP                                       | <input type="checkbox"/> Delete |
| NAME           | COPE, RICHARD W.                         |                                 |
| STREET ADDRESS | <del>19353 US HWY 19 NO, SUITE 100</del> |                                 |
| CITY-ST-ZIP    | <del>CLEARWATER FL 33764</del>           |                                 |
| TITLE          | DSAT                                     | <input type="checkbox"/> Delete |
| NAME           | TOOKE, EDWIN C.                          |                                 |
| STREET ADDRESS | <del>19353 US HWY 19 NO, SUITE 100</del> |                                 |
| CITY-ST-ZIP    | <del>CLEARWATER FL 33764</del>           |                                 |
| TITLE          | TAS                                      | <input type="checkbox"/> Delete |
| NAME           | STICCO, LEWIS A                          |                                 |
| STREET ADDRESS | <del>19353 US HWY 19 NO, SUITE 100</del> |                                 |
| CITY-ST-ZIP    | <del>CLEARWATER FL 33764</del>           |                                 |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | 300 S. PARK PLACE BLVD. #150   |
| CITY-ST-ZIP    | CLEARWATER FL 33759  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | 300 S. PARK PLACE BLVD. #150   |
| CITY-ST-ZIP    | CLEARWATER, FL 33759   |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |
| STREET ADDRESS | 300 S. PARK PLACE BLVD. #150   |
| CITY-ST-ZIP    | CLEARWATER, FL 33759   |
| 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 like empowered.

SIGNATURE:

*LEWIS A. STICCO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-10-00

Daytime Phone #

727 7738827

CR2E034 (9/99)