

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90069 014 ***158.75

DOCUMENT # S66807

1. Entity Name

MOBILE PERSONAL SERVICES, INC.

Principal Place of Business

**5510 RIVER ROD
 S106
 NEW PORT RICHEY FL 34652**

Mailing Address

**5510 RIVER ROD
 S106
 NEW PORT RICHEY FL 34652**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3079263

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MUSGROVE, LISA L
 17730 MERIDIAN BLVD
 HUDSON FL 34667**

7. Name and Address of New Registered Agent

Name

Lisa L. Tabbert

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

27652 Arlington Road

City

Westley Chapel

FL

Zip Code

33544

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 **Lisa L. Tabbert**

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

Lisa Tabbert

(NOTE: Registered Agent signature required when reinstating)

2-20-02

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, 2002 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

TITLE **SDT** ☐ Delete
 NAME **WARD, CLARA R.**
 STREET ADDRESS **12015 ROSELAND DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34654-6322**

TITLE **PD** ☐ Delete
 NAME **TABBERT, LISA L**
 STREET ADDRESS **17730 MERIDIAN BLVD.** **Delete**
 CITY-ST-ZIP **HUDSON FL 34667** **Address**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **27652 Arlington Road**
 CITY-ST-ZIP **Westley Chapel, FL 33544**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Clara R. Ward
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-02

Date

Daytime Phone #

CR2E034 (9/01)