

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000003394

**Entity Name:** MEDIATION OPTIONS, INC.

**Current Principal Place of Business:**

600 N. HIGHWAY 27  
SUITE 6  
MINNEOLA, FL 34715

**Current Mailing Address:**

P.O. BOX 120007  
CLERMONT, FL 34712-0007 US

**FEI Number:** 20-2894474

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JACOBSON, STEWART LESQ.  
600 N. HIGHWAY 27  
MINNEOLA, FL 34715 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name JACOBSON, STEWART LESQ.  
Address 600 N. HIGHWAY 27  
City-State-Zip: MINNEOLA FL 34715

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** STEWART JACOBSON

**PRESIDENT**

**03/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date