

**2002-UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90104 021 \*\*\*150.00

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**DOCUMENT # 348513**

1. Entity Name  
**MOVSOVITZ & SONS OF FLORIDA, INC.**

Principal Place of Business <b>3100 HILTON STREET          JACKSONVILLE FL 32209</b>	Mailing Address <b>1390 ENCLAVE PKWY          HOUSTON TX 77077-2099          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-1262727**      Applied For  
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 STE 105  
 TALLAHASSEE FL 32301-2525**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST MAURER, LARRY H.</b> <b>3100 HILTON STREET</b> <b>JACKSONVILLE FL 32203</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP MOVSOVITZ, LAWRENCE</b> <b>3100 HILTON STREET</b> <b>JACKSONVILLE FL 32203</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PARKER, MITT</b> <b>15305 DALLAS PKWY- STE 1010</b> <b>ADDISON TX 75001</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVTS STURGEON, BRIAN M</b> <b>15305 DALLAS PKWY- STE 1010</b> <b>ADDISON TX 75001</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO HAUGEN, STEVE</b> <b>3100 HILTON STREET</b> <b>JACKSONVILLE FL 32203</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Please see attached list.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 the same empowered.

SIGNATURE: Connie S. Brooks      04/03/02      281-584-1390  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)

FEIN: 59-1262727

**Movsoviz Sons of Florida, Inc.**

<b>OFFICERS:</b>	<b>TITLE</b>	<b>NAME</b>	<b>MAILING ADDRESS</b>
	President	Steve Haugen	3100 Hilton St. Jacksonville, FL 32209
	Vice President	Brian M. Sturgeon	1390 Enclave Parkway Houston TX 77077
	Treasurer	Diane Day Sanders	1390 Enclave Parkway Houston TX 77077
	Secretary	Larry H. Maurer	3100 Hilton St. Jacksonville, FL 32209
	Vice President & Assistant Secretary	Kent R. Berke	1390 Enclave Parkway Houston TX 77077
	Assistant Secretary	Connie S. Brooks	1390 Enclave Parkway Houston TX 77077
	Assistant Treasurer	Kathy Oates	1390 Enclave Parkway Houston TX 77077
	Assistant Secretary	Webb Crunk	1390 Enclave Parkway Houston TX 77077

**DIRECTORS:**

	<b>TITLE</b>	<b>NAME</b>	<b>MAILING ADDRESS</b>
	Director	Kent R. Berke	1390 Enclave Parkway Houston TX 77077
	Director	Brian M. Sturgeon	1390 Enclave Parkway Houston TX 77077

Attachment

# 348513/033330