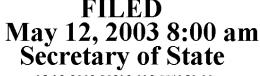
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F90900 **DOCUMENT #** 1. Entity Name MINORCAN MOVING AND STORAGE, INC.



FILED								
lay 12, 2003 8:00 am	301							
Secretary of State	2							
05-12-2003 90213 012 ***150.00	770							

					NO. WE THE						
Principal Place of Business 1324 MATTIE ST. ST AUGUSTINE FL 32084 US		1324	Mailing Address 1324 MATTIE ST. ST AUGUSTINE FL 32084 US								
2. Principal Place of Business			3. Mailing Address				1				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Sta	le	City & State			4.	4. FEI Number 59-2214595			Applied For Not Applicable		
Zip	Country Zip		Country			5. (Certificate of Status Desired		8.75 Add	ditional	1
	-6Name and Address of Curren	t Register	ed Agent			7. 1	Name and Address of New Re	gistered Ag	jent		1
					Name .						ĺ
Baker, Robert George, II 1324 Mattie St.			Street Address			s (P.O. Box Number is Not Acceptable)					
ST. AUGI	JSTINE FL 32084			[• ;	
					City		····	FL	Zip Cod	e	1
	e named entity submits this statement f tions of registered agent.	or the purp	oose of changing its r	registered	office or registe	ered ag	ent, or both, in the State of Flori	da. I am fa	miliar with,	and accept	1
SIGNATURE											
	Signature, typed or printed name of registered agen	t and title if app	olicable. (NOTE:	: Registered A	Agent signature require	ed when re	einstating)	DATE			_
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of Sta							Election Campaign Final Trust Fund Contribution.	ncing		00 May Be d to Fees	
ٿي.10	OFFICERS AND DIRECTORS 11			11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTOR	S IN 11	1.
TITLE NAME STREET*ADDRESS CITY-ST-ZIP	DP BAKER II, ROBERT GEORGE 1324 MATTIE ST. ST AUGUSTINE, FL 00000	•	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				Change	☐ Addition	G034 (10)(09)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAKER, SUZANNE B. 1324 MATTIE ST. ST. AUGUSTINE FL	_	☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS I-ZIP			<u> </u>	☐ Change	Addition	Gay
NAME STREET ADDRESS CITY-ST-ZIP			*** Delete	TITLE NAME STREET CITY-SI	ADDRESS 1- ZIP				Change	- 🔲 Addition	}
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP			· · · · · ·	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		****	☐ Delete	TITLE NAME STREET. CITY-ST	AODRESS 1- ZIP			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	ADDRESS			[Change	☐ Addition	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S

904-824-3500