

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90156 024 \*\*\*150.00

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DOCUMENT # P02000028811

1. Entity Name  
HOWARD'S LOCAL AND STATEWIDE MOVING, INC.



Principal Place of Business  
1328 WYNDCLIFF DR.  
WELLINGTON FL 33414

Mailing Address  
1328 WYNDCLIFF DR.  
WELLINGTON FL 33414



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
*1432 WYNDCLIFF DR.*  
Suite, Apt. #, etc.

3. Mailing Address  
*1432 WYNDCLIFF DR*  
Suite, Apt. #, etc.

City & State  
*WELLINGTON FL*

City & State  
*WELLINGTON FL*

4. FEI Number  
*04-3658314*

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip Country  
*33414*

Zip Country  
*33414*

6. Name and Address of Current Registered Agent  
**BLACEY, CHARLES F**  
*1328 WYNDCLIFF DR. 1432 WYNDCLIFF DR*  
WELLINGTON FL 33414

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles F. Blacey* **Charles F. BLACEY** *OWNER* **3-31-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003, Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD</b> <b>BLACEY, CHARLES F</b> <i>1328 WYNDCLIFF DR. 1432 WYNDCLIFF DR</i> <b>WELLINGTON FL 33414</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>BLACEY, SANDRA S</b> <i>1328 WYNDCLIFF DR. 1432 WYNDCLIFF DR</i> <b>WELLINGTON FL 33414</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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles F. Blacey* **RECORDED** **Charles F. BLACEY** **3-31-03** **561-964-8890**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)