

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077241

1. Entity Name
Gensheimer Moving Systems Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
01 SEP 28 PM 12:15

Principal Place of Business Mailing Address (Same)
**2851 Gateway Centre Pkwy
Pinellas Park FL 33782**

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 **593399501** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**Lee Gensheimer
2851 Gateway Centre Pkwy
Pinellas Park, FL 33782**

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.

SIGNATURE  DATE **8/20/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 **Owner/President** Delete
NAME **Lee Scott Gensheimer**
STREET ADDRESS **2851 Gateway Centre Pkwy**
CITY-ST-ZIP **Pinellas Park FL 33782**

Change Addition
300004622213--8
-10/03/01--01071--015
*******550.00 *****550.00**

TITLE **Secretary-Treasurer** Delete
NAME **Guy V. Pottee**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition
PR 10/2


TITLE Delete

Change Addition

TITLE Delete

Change 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 other like empowered.

SIGNATURE:  DATE **9/24/01** (27) 217-0103
Signature and typed or printed name of signing officer or director

CR2E034 (1/1/00)