

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # 747118****1. Entity Name**
FLORIDA MOVERS AND WAREHOUSEMEN'S ASSOCIATION, INC.**Principal Place of Business**
335 BEARD STREET
TALLAHASSEE FL 32303 US
Mailing Address
335 BEARD STREET
TALLAHASSEE FL 32303 US**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State**
Zip Country
4. FEI Number
59-1915268
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
SKROB ROBERT
335 BEARD ST
TALLAHASSEE FL 32303 US
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 ROBERT SKROB** **04/10/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW: FEE IS \$61.25**
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Make Check Payable to Department of State**10. OFFICERS AND DIRECTORS**
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	PIERCE GREG	7576 BROKERAGE DR.	ORLANDO FL	<input type="checkbox"/>	<input type="checkbox"/>
P	ARNOFF MARK	3620 S FEDERAL HWY	FT PIERCE FL	<input type="checkbox"/>	<input type="checkbox"/>
D	MYERS JIM	5266 HIGHWAY AVE	JACKSONVILLE FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	BROWN IAN	1900 OLD OKEECHOBEE RD	W PALM BCH FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	FLINN JEREMY	3427 PROGRESS AVE.	NAPLES FL	<input type="checkbox"/>	<input type="checkbox"/>
V	VERNAY KELLY	5674 ENTERPRISE PARKWAY	FORT MYERS FL	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Marc Arnoff** **P** **04/10/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)