## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# 747118** 

FILED Mar 06, 2002 8:00 AM Secretary of State

Entity Name: FLORIDA MOVERS AND WAREHOUSEMEN'S ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 335 BEARD STREET TALLAHASSEE, FL 32303 US **Current Mailing Address: New Mailing Address:** 335 BEARD STREET PO BOX 14629 TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 323174629 US FEI Number: 59-1915268 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SKROB, ROBERT 335 BEÁRD ST TALLAHASSEE, FL 32303 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete VERNAY, KELLY VERNAY-GONZALES, KELLY Name: Name: 5674 ENTERPRISE PARKWAY Address: 5674 ENTERPRISE PARKWAY Address: City-St-Zip: FORT MYERS, FL City-St-Zip: FORT MYERS, FL Title: SD ( ) Delete Title: VD (X) Change ( ) Addition FLINN, JEREMY Name: FLINN, JEREMY Name: Address: 3427 PROGRESS AVE. Address: 3427 PROGRESS AVE. City-St-Zip: NAPLES, FL City-St-Zip: NAPLES, FL Title: () Delete Title: (X) Change ( ) Addition CLEGG, VIRGIL CLEGG, VIRGIL Name: Name: 266 GROVE STREET SOUTH 266 GROVE STREET SOUTH Address: Address: City-St-Zip: VENICE, FL City-St-Zip: VENICE, FL (X) Change ( ) Addition Title: ( ) Delete Title: SD Name: MARGOLIS, SEYMOUR Name: KLAUSE, TOM 12090 NW 40TH STREET PO BOX 1192 Address: Address: City-St-Zip: CORAL SPRINGS, FL City-St-Zip: JUPITER, FL Title: () Delete Title: (X) Change ( ) Addition ARNOFF, MARK ARNOFF, MARK Name: Name: 3620 S FEDERAL HWY 3620 S FEDERAL HWY Address: Address: City-St-Zip: FT PIERCE, FL City-St-Zip: FT PIERCE, FL Title: () Delete Title: () Change () Addition PIERCE, GREG Name: Name: Address: 7576 BROKERAGE DR. Address: ORLANDO, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY VERNAY-GONZALES P 03/06/2002