

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 747118

FILED
Jan 27, 2003
Secretary of State

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

Current Principal Place of Business:

335 BEARD STREET
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 14629
TALLAHASSEE, FL 323174629 US

New Mailing Address:

FEI Number: 59-1915268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKROB, ROBERT
335 BEARD ST
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: VERNAY-GONZALES, KELLY
Address: 5674 ENTERPRISE PARKWAY
City-St-Zip: FORT MYERS, FL

Title: VD () Delete
Name: FLINN, JEREMY
Address: 3427 PROGRESS AVE.
City-St-Zip: NAPLES, FL

Title: TD () Delete
Name: CLEGG, VIRGIL
Address: 266 GROVE STREET SOUTH
City-St-Zip: VENICE, FL

Title: SD () Delete
Name: KLAUSE, TOM
Address: PO BOX 1192
City-St-Zip: JUPITER, FL

Title: D () Delete
Name: ARNOFF, MARK
Address: 3620 S FEDERAL HWY
City-St-Zip: FT PIERCE, FL

Title: D () Delete
Name: PIERCE, GREG
Address: 7576 BROKERAGE DR.
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BROWN, TIM
Address: 1900 OLD OKEECHOBEE ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

PD

01/27/2003

Electronic Signature of Signing Officer or Director

Date