

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 404337

1. Entity Name

TREDWAY'S MOVING & STORAGE, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90049 022 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 9550
1640 MASON AVE
DAYTONA BEACH FL 32120

P.O. BOX 9550
1640 MASON AVE
DAYTONA BEACH FL 32120-9550

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1402966

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMLIN, KENDALL W.
1640 MASON AVE.
DAYTONA BEACH FL 32120 32117

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

Kendall W. Hamlin, Pres.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	TOZIER, AIDEN W JR	
STREET ADDRESS	1640 MASON AVENUE	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEIBERT, STEVE	
STREET ADDRESS	1640 MASON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGLETARY, C W	
STREET ADDRESS	1640 MASON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARNES, DAVID	
STREET ADDRESS	1640 MASON AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, ERNST	
STREET ADDRESS	1640 MASON AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	KENDALL W HAMLIN	
STREET ADDRESS	1640 MASON AVE	
CITY-ST-ZIP	DAYTONA BCH FL	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Hart	
STREET ADDRESS	1640 Mason Ave	
CITY-ST-ZIP	Daytona Beach, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Kendall W. Hamlin, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00 904-274-5000
Date Daytime Phone #

CR2E034 (9/99)