2001 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # $415\overline{447}$ 1. Entity Name GULF SHORES MOVING & STORAGE, INC. 04-10-2001 90096 032 ***150.00 Mailing Address Principal Place of Business 4040 MAYFLOWER ROAD 4040 MAYFLOWER ROAD FORT MYERS FL 33916 FORT MYERS FL 33916 U\$ 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-1450176 City & State Not Applicable Zip Zip Country **\$8.75** Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PFEIFFER, WARREN C Street Address (P.O. Box Number is Not Acceptable) 4040 MAYFLOWER ROAD FT MYERS FL 33916 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME PFEIFFER, ROBERT M SR NAME STREET ADDRESS STREET ADDRESS 4040 MAYFLOWER RD CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33916 Change Addition TITLE ☐ Delete TITLE warren ffeiffer Rd. PFEIFFER, WARREN NAME NAME STREET ADDRESS 4040 MAY FLOWER ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33916 Change ☐ Addition TITLE □ Delete PFEIFFER, NADINE NAME NAME STREET ADDRESS 4040 MAYFLOWER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33916 Change Change ☐ Addition Delete TITLE TITLE Bonnie Pfeiffer Ad PFEIFFER, BONNIE NAME NAME STREET ADDRESS 4040 MAYFLOWER RD STREET ADDRESS H. Muers, 41. 33916 CITY-ST-7IP CITY-ST-ZIP FORT MYERS FL 33916 Addition ☐ Change TITLE □ Detete TITLE NAME NAME 4040 may flower Pd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS 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 empor