

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

039559

**DOCUMENT # 472515**

1. Entity Name  
**ROBERT FLINN MOVING & STORAGE COMPANY**

03-22-2001 90070 019 \*\*\*150.00

Principal Place of Business <b>3427 PROGRESS AVE.          NAPLES FL 34104          US</b>	Mailing Address <b>3427 PROGRESS AVE.          NAPLES FL 34104          US</b>
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**00028282**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>59-1674472</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FLINN, ROBERT N.  
 3427 PROGRESS AVE.  
 NAPLES FL 34104**

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 \_\_\_\_\_ (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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 NAME P <b>FLINN, ROBERT</b> 3427 PROGRESS AVE. NAPLES FL	<input type="checkbox"/> Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME V <b>FLINN, MARCIA M.</b> 3427 PROGRESS AVE. NAPLES FL	<input type="checkbox"/> Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D <b>FLINN, RUTH N.</b> 3427 PROGRESS AVE. NAPLES FL	<input checked="" type="checkbox"/> Delete	TITLE NAME <b>SECRETARY &amp; DIRECTOR</b> <b>JEREMY R. FLINN</b> 3427 PROGRESS AVENUE NAPLES, FL 34104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D <b>FLINN, ROBERT</b> 3427 PROGRESS AVE. NAPLES FL	<input type="checkbox"/> Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D <b>FLINN, MARCIA M.</b> 3427 PROGRESS AVE. NAPLES FL	<input type="checkbox"/> Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert N Flinn **ROBERT N. FLINN** **3/15/01** **941-643-4440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)