

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 472576

1. Entity Name

J & B MOVERS AND STORAGE, INC.

FILED

Feb 25, 2000 8:00 am  
Secretary of State

02-25-2000 90018 034 \*\*\*158.75

Principal Place of Business

Mailing Address

1600 SO POWERLINE RD  
DEERFIELD BEACH FL 33442  
US

1600 SO. POWERLINE RD  
DEERFIELD BEACH FL 33442-8160  
US

2. Principal Place of Business

3. Mailing Address

1600 So Powerline Rd  
Suite, Apt. #, etc.

1600 So. Powerline Rd  
Suite, Apt. #, etc.

City & State

City & State

Deerfield Beach, Fl

Deerfield Beach, Fl

Zip

Country

33442

Broward

Zip

Country

33442

Broward

4. FEI Number

59-1582126

Applied For

Not Applicable

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

EHRlich, BARBARA  
7710 SALEM LANE  
PARKLAND FL 33067

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

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	P	<input type="checkbox"/> Delete
NAME	EHRlich, GERALD	
STREET ADDRESS	7710 SALEM LANE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	ST	<input type="checkbox"/> Delete
NAME	EHRlich, BARBARA	
STREET ADDRESS	7710 SALEM LANE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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:

Barbara Ehrlich Barbara Ehrlich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-2000 954-570-3600

Date

Daytime Phone \*

CR2034 (9/99)