

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90214 018 ***150.00

DOCUMENT # 492163



1. Entity Name
WILLIAM A. EDWARDS MOVING & STORAGE, INC.

Principal Place of Business
**6721 INDUSTRIAL AVE
PORT RICHEY FL 34688**

Mailing Address
~~20 EAST TARPON AVENUE~~
TARPON SPRINGS FL 34689



2. Principal Place of Business

3. Mailing Address
George N. Klimis, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
27 E. ORANGE STR.

City & State

City & State
TARPON SPRINGS, FL

4. FEI Number **59-1646487**

Applied For
 Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

34689

Country

USA

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

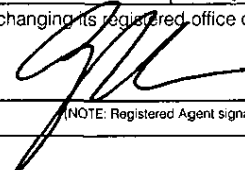
**KLIMIS, GEORGE N.
23 EAST TARPON AVENUE
TARPON SPRINGS FL 34689**

Name **George N. Klimis, P.A.**

Street Address (P.O. Box number is not acceptable)
27 E. ORANGE STR.

City **TARPON SPRINGS** FL **34689**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/31/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **DPT GUAGLIARDO, NICHOLAS**
STREET ADDRESS **6721 INDUSTRIAL WAY**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DS GUAGLIARDO, DORA**
STREET ADDRESS **6721 INDUSTRIAL WAY**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/31/03**

Daytime Phone # **727-943-9551**

CR2E034 (10/02)