

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90269 038 \*\*\*150.00

**DOCUMENT # 511942**

1. Entity Name

**COOK/TAMPA BAY MOVING SYSTEMS, INC.**

Principal Place of Business

Mailing Address

**5105 W CLIFTON ST  
 TAMPA FL 33634-5098**

**1728 SENECA ST  
 BUFFALO NY 14210-1827  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1693139**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLLAND, DENNIS  
 5105 W CLIFTON ST  
 TAMPA FL 33634**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FIERLE, DEBRA</b>	
STREET ADDRESS	<b>4639 WINDING WOODS</b>	
CITY-ST-ZIP	<b>HAMBURG NY</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CONLEY, JOSEPH</b>	
STREET ADDRESS	<b>259 WASHINGTON HWY</b>	
CITY-ST-ZIP	<b>SNYDER NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REAGAN, BARBARA</b>	
STREET ADDRESS	<b>S 5294 LAKE SHORE RD</b>	
CITY-ST-ZIP	<b>HAMBURG, N Y 00000</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLAND, DENNIS</b>	
STREET ADDRESS	<b>2075 ATTACHE CT</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>FIERLE, GREGORY</b>	
STREET ADDRESS	<b>4639 WINDING WOODS</b>	
CITY-ST-ZIP	<b>HAMBURG NY 14075</b>	
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	<b>President</b>	<input checked="" 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 I am empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/24/00 716-824-6630**

CR2E034 (9/99)