## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 511942**

Entity Name: COOK/TAMPA BAY MOVING SYSTEMS, INC.

FILED Feb 06, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5105 W CLIFTON ST 5105 W CLIFTON ST TAMPA, FL 336345098 TAMPA, FL 336345098 US **Current Mailing Address: New Mailing Address:** 1728 SENECA ST BUFFALO, NY 14210 US FEI Number: 59-1693139 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLLAND, DENNIS 5105 W CLIFTON ST TAMPA, FL 33634 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition FIERLE, DEBRA Name: Name: FIERLE, DEBRA 4639 WINDING WOODS 4639 WINDING WOODS Address: Address: City-St-Zip: HAMBURG, NY City-St-Zip: HAMBURG, NY 14075 US Title: Title: () Delete (X) Change ( ) Addition CONLEY, JOSEPH Name: CONLEY, JOSEPH Name: 259 WASHINGTON HWY 259 WASHINGTON HWY Address: Address: SNYDER, NY 14226 City-St-Zip: SNYDER, NY City-St-Zip: Title: (X) Change ( ) Addition () Delete Title: D REAGAN, BARBARA, REAGAN, BARBARA Name: Name: S 5294 LAKE SHORE RD 3011 CLOVERBANK RD Address: Address: City-St-Zip: HAMBURG, N Y City-St-Zip: HAMBURG, NY 14075 US Title: ( ) Delete Title: (X) Change ( ) Addition HOLLAND, DENNIS, HOLLAND, DENNIS Name: Name: Address: 2075 ATTACHE CT Address: 2075 ATTACHE CT City-St-Zip: CLEARWATER, FL City-St-Zip: CLEARWATER, FL 34624 US Title: Title: (X) Change ( ) Addition () Delete

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

FIERLE, GREGORY

4639 WINDING WOODS

HAMBURG, NY 14075 US

Ρ SIGNATURE: GREGORY FIERLE 02/06/2002

FIERLE, GREGORY

4639 WINDING WOODS

HAMBURG, NY 14075

Name:

Address: City-St-Zip: