2001 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 530628** 1. Entity Name GREENWAY MOVING & STORAGE, INC. 02-01-2001 90062 016 ***150.00 Principal Place of Business Mailing Address 1425 SW 1ST COURT 1311 SE 3RD TERR. POMPANO BEACH FL 33060 UNIT 25 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1771560 Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, RICHARD Street Address (P.O. Box Number is Not Acceptable) - -1425 SW-1ST-COURT-UNIT 25 POMPANO BEACH FL 33069 City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11. **PDS** ☐ Change ☐ Delete TITLE GREEN, RICHARD NAME STREET ADDRESS 1425 SW 1ST COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL Delete □ Change TITLE GREEN, RICHARD NAME NAME STREET ADDRESS 1425 SW 1ST COURT STREET ADDRESS CITY-ST-7IP POMPANO BEACH FL CITY-ST-ZIP ☐ Change Delete TITI F TITLE

Feb 01, 2001 8:00 am Secretary of State



Not Applicable \$8.75 Additional Fee Bequired Zip Code \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition ☐ Addition ☐ Addition

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D