

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90008 013 ***550.00

DOCUMENT # 533306

1. Entity Name

AMERICA ON THE MOVE, INC.

Principal Place of Business

**1800 WEST STATE ROAD 84
 FT. LAUDERDALE FL 33315**

Mailing Address

**1800 WEST STATE ROAD 84
 FT. LAUDERDALE FL 33315**

2. Principal Place of Business

3. Mailing Address

9950 S. OCEAN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1702

City & State

JENSEN BEACH, FL.

4. FEI Number

59-1742769

Applied For

Not Applicable

Zip

Country

334957

Country

U.S.A

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

**KREIDER, ROBERT B.
 1800 WEST STATE ROAD 84
 FT. LAUDERDALE FL 33315**

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	VT KREIDER, RICHARD B. 1800 W. STATE RD 84 FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KREIDER, ROSALEA B 1800 W STATE RD 84 FT LAUDERDALE, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC KREIDER ROBERT B 1800 W STATE RD 84 FT LAUDERDALE, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/2000

Date

561-229-8214

Daytime Phone #

CR2E034 (5/00)