

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90362 031 ***150.00

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

**9950 S OCEAN DR
1702
JENSEN BEACH FL 34957
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1742769**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution: ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	VT	☐ Delete
NAME	KREIDER, RICHARD B.	
STREET ADDRESS	1800 W. STATE RD 84	
CITY - ST - ZIP	FT. LAUDERDALE FL	

TITLE	SD	☐ Delete
NAME	KREIDER, ROSALEA B	
STREET ADDRESS	1800 W STATE RD 84	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	

TITLE	PDC	☐ Delete
NAME	KREIDER ROBERT B	
STREET ADDRESS	1800 W STATE RD 84	
CITY - ST - ZIP	FT LAUDERDALE, FL 4 00000	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)