

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 533306

1. Entity Name
AMERICA ON THE MOVE, INC.

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90013 033 ***150.00

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

3829 HYDRILLA COURT

Suite, Apt. #, etc.

City & State

PORT ST LUCIE, FL

Zip

34952

Country

ST LUCIE

4. FEI Number

59-1742769

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

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, 2002 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

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

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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STREET ADDRESS
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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 (9/01)