

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

06-04-2003 90095 044 \*\*\*550.00

0342128 AV

**DOCUMENT # 608007**

1. Entity Name  
**POPE MOVING & STORAGE SERVICE, INC.**



Principal Place of Business  
**2551 SW 39TH ST  
#100  
FORT LAUDERDALE FL 33312**

Mailing Address  
**2551 SW 39TH ST  
#100  
FORT LAUDERDALE FL 33312  
US**

2. Principal Place of Business  
**2475 SW 32nd Ave.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2475 SW 32nd Ave.**  
Suite, Apt. #, etc.

City & State  
**Pembroke Park, FL**

City & State  
**Pembroke Park, FL**

4. FEI Number  
**59-1895038**

Applied For  
Not Applicable

Zip Country  
**33023 usa**

Zip Country  
**33023 USA**

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

6. Name and Address of Current Registered Agent

**VERDERBER, JOHN S  
2551 SW 39TH STREET, #100  
FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name **same**  
Street Address (P.O. Box Number is Not Acceptable)  
**2475 SW 32nd Ave.**  
City **Pembroke Park, FL** Zip Code **33023**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **VERDERBER, J**  
STREET ADDRESS **33 BEACH RD**  
CITY-ST-ZIP **NORTHPORT NY**

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

TITLE **EV** ☒ Delete  
NAME **BERKOWITZ, P**  
STREET ADDRESS **3 WHITE CLIFF LANE**  
CITY-ST-ZIP **ST JAMES NY**

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

TITLE **V** ☐ Delete  
NAME **VERDERBER, JOHN S**  
STREET ADDRESS **2865 NE 25TH STREET**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **V** ☐ Delete  
NAME **VENDERBER, JOSEPH J**  
STREET ADDRESS **583 NORTH COUNTRY ROAD**  
CITY-ST-ZIP **ST. JAMES NY**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Joseph J Venderber**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/27/03** **954581-4000**  
Date Daytime Phone #

CR2E034 (10/02)