

# 2002 UNIFORM BUSINESS REPORT (UBR)

8/1

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-13-2002 90221 012 \*\*\*550.00

**DOCUMENT # 647995**

1. Entity Name

**SMALL MOVES, INC.**

Principal Place of Business

**4320 54TH AVE N**

**S**

**ST PETERSBURG FL 33714**

**US**

Mailing Address

**4320 54TH AVE N**

**ST PETERSBURG FL 33714**

**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1965744**

Applied For

Not Applicable

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

**BURNS, STEPHEN E**

**4320 54TH AVE N**

**ST PETERSBURG FL 33714**

Name

**Craig Bell**

Street Address (P.O. Box Number is Not Acceptable)

**4320 54th Avenue North**

**St. Petersburg, FL 33714**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**8-19-02**

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, 2002 Fee 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  
**PTD**  
**BURNS, STEPHEN E**  
**4320 54TH AVE N**  
**ST PETERSBURG FL 33714** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTSD**  
**H. Rob Bell**  
**4501 48th Avenue North**  
**St. Petersburg, FL 33714** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VSD**  
**BURNS, KELLY A**  
**4320 54TH AVE N**  
**ST. PETERSBURG, FL 33714** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**Craig Bell**  
**4501 48th Avenue North**  
**St. Petersburg, FL 33714** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
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TITLE  
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☐ Change ☐ Addition

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CR2E034 (4/02)

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 OF BOB QUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-19-02**

Date

**(727) 527-3020**

Daytime Phone #