

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90075 030 ***158.75

DOCUMENT # 692925

1. Entity Name

LARUE HOUSE MOVERS AND SONS, INC.

Principal Place of Business

5433 HWY. 17 SOUTH
 GREEN COVE SPRINGS FL 32043

Mailing Address

5433 HWY. 17 SOUTH
 GREEN COVE SPRINGS FL 32043

00007471



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

315 South Vermont St.

Suite, Apt. #, etc.

3. Mailing Address

315 South Vermont St.

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

City & State

Green Cove Springs, FL

4. FEI Number

59-2116972

Applied For

Not Applicable

Zip

Country

32043 USA

Zip

Country

32043 USA

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

LARUE, PHILIP L
1123 ST. JOHNS AVENUE
GREEN COVE SPRINGS FL 32043

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LARUE, PHILIP L.	
STREET ADDRESS	1123 ST. JOHNS AVE	
CITY-ST-ZIP	GREEN COVE SPRGS FL 32043	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LARUE, MILDRED	
STREET ADDRESS	1123 ST. JOHNS AVE	
CITY-ST-ZIP	GREEN COVE SPRGS FL 32043	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LARUE, TIMOTHY	
STREET ADDRESS	3832 B.E. STARLING RD.	
CITY-ST-ZIP	GREEN COVE SPRGS FL 32043	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LARUE, LEWIS	
STREET ADDRESS	2010 WOODS ROAD	
CITY-ST-ZIP	GREEN COVE SPRGS FL 32043	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LARUE, LAWRENCE	
STREET ADDRESS	315 SOUTH VERMONT STREET	
CITY-ST-ZIP	GREEN COVE SPRGS. FL 32043	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LARUE, TAMMY R	
STREET ADDRESS	315 SOUTH VERMONT STREET	
CITY-ST-ZIP	GREEN COVE SPRGS. FL 32043	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Tammy R. Larue** **1-17-00** **904-284-3317**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)