

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 842964 (9)

1. Corporation Name

U-HAUL BUSINESS CONSULTANTS, INC.

FILED

95 JAN 25 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2727 N. CENTRAL AVENUE
PHOENIX AZ 85004

Mailing Address

2727 N. CENTRAL AVENUE
PHOENIX AZ 85004

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/06/1979

3a. Date of Last Report

02/22/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

93-0728694

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for Intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SHOEN, E. J.
STREET ADDRESS	2727 N CENTRAL AVE
CITY-ST-ZIP	PHOENIX, AZ 0
TITLE	V
NAME	DODDS, JOHN M.
STREET ADDRESS	2727 N CENTRAL AVE
CITY-ST-ZIP	PHOENIX, AZ 0
TITLE	S
NAME	KLINEFELTER, GARY V.
STREET ADDRESS	2727 N CENTRAL AVE
CITY-ST-ZIP	PHOENIX, AZ 0
TITLE	D
NAME	SHOEN, JAMES P.
STREET ADDRESS	2727 N CENTRAL AVE
CITY-ST-ZIP	PHOENIX, AZ 0
TITLE	AS
NAME	LORENTZ, JOHN A
STREET ADDRESS	2721 N CENTRAL AVENUE
CITY-ST-ZIP	PHOENIX AZ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Lorentz, Assistant Secretary

1/19/95

(602) 263-6645