

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000002617

FILED
Mar 07, 2003
Secretary of State

Entity Name: GREENMOUNT MOVING & STORAGE, INC.

Current Principal Place of Business:

400 COMMERCE DRIVE
UPPER MARLBORO, MD 20774

New Principal Place of Business:

Current Mailing Address:

400 COMMERCE DRIVE
UPPER MARLBORO, MD 20774

New Mailing Address:

FEI Number: 52-0665843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUVALL, GLENN A
2490 PRINCIPAL ROW, SUITE 100
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: CONKLIN, HERBERT E
Address: 400 COMMERCE DRIVE
City-St-Zip: UPPER MARLBORO, MD 20774

Title: VCV () Delete
Name: DUVALL, GLENN A
Address: 400 COMMERCE DRIVE
City-St-Zip: UPPER MARLBORO, MD 20774

Title: D () Delete
Name: DUVALL, DOROTHY
Address: 400 COMMERCE DRIVE
City-St-Zip: UPPER MARLBORO, MD 20774

Title: DS () Delete
Name: CONKLIN, ERIC L
Address: 400 COMMERCE DRIVE
City-St-Zip: UPPER MARLBORO, MD 20774

Title: T () Delete
Name: HOUSEMAN, WILLIAM T
Address: 400 COMMERCE DRIVE
City-St-Zip: UPPER MARLBORO, MD 20774

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT CONKLIN

CP

03/07/2003

Electronic Signature of Signing Officer or Director

Date