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03 OCT 15 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000100			
1. Entry Name SCHAAP MOVING SYSTEMS, INC.			
Principal Place of Business 2442 ROCKFILL RD FT MYERS, FL 33916		Mailing Address 2442 ROCKFILL RD FT MYERS, FL 33916	
2. Principal Place of Business <u>Same</u>		3. Mailing Address <u>Same</u>	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 14-1485618		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRENNAN, DAMIEN T 2442 ROCKFILL RD. FT MYERS, FL 33916		7. Name and Address of New Registered Agent Name Margaret McFarland Street Address (P.O. Box Number is Not Acceptable) 2442 Rockfill Rd City Ft. Myers FL Zip Code 33916	
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 Margaret McFarland operations manager DATE 10-9-03 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when substituting)			
		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 NAME STREET ADDRESS CITY-STATE-ZIP	P SCHAAP, STEVEN P 6 BROWN ROAD ALBANY, NY 12205 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition 000023805170E 10/15/03--01022--006 ***8.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S SCHAAP, PAMELA M 6 BROWN RD ALBANY, NY 12205 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP DRENNAN, DAMIEN 2442 ROCKFILL RD FT MYERS, FL 33916 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CFO FISH, AL 6 BROWN RD ALBANY, NY 12205 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this report 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 persons empowered.			
SIGNATURE: [Signature] President		Date: 10-9-03 (518) 459-2220 x-23	

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