

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90237 047 ***550.10

0132872 AT

DOCUMENT # F97000000612

1. Entity Name
OFFICE MOVERS, INC.

Principal Place of Business
6810 DEERPATH ROAD, STE 100
BALTIMORE MD 21075

Mailing Address
6810 DEERPATH ROAD, STE 100
BALTIMORE MD 21075

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 **52-0915551**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 \$550.00
After September 12, 2001 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 **PTD KANE, JOHN M** ☐ Delete
 STREET ADDRESS **10032 AVENEL FARM DRIVE**
 CITY-ST-ZIP **POTOMAC MD**

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

TITLE
 NAME **V DURFEE, JAMES** ☐ Delete
 STREET ADDRESS **302 COLESVILLE MANOR DR**
 CITY-ST-ZIP **SILVER SPRING MD**

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

TITLE
 NAME **VPD CAVANAUGH, MARK** ☒ Delete
 STREET ADDRESS **1811 BLAKEFIELD CIRCLE**
 CITY-ST-ZIP **LUTHERVILLE MD 21093**

TITLE
 NAME **CFO Bruce Sidell** ☐ Change ☒ Addition
 STREET ADDRESS **6810 Deerpath Rd**
 CITY-ST-ZIP **Elkridge MD**

TITLE
 NAME **S FLOHR, JEAN** ☐ Delete
 STREET ADDRESS **301 OAK FOREST AVE**
 CITY-ST-ZIP **BALTIMORE MD**

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

TITLE
 NAME **V AUCHTER, WILLIAM** ☐ Delete
 STREET ADDRESS **5303 42ND AVENUE**
 CITY-ST-ZIP **HYATTSVILLE MD**

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

TITLE
 NAME **V MUNN, ROGER** ☐ Delete
 STREET ADDRESS **17118 BIG FALLS RD**
 CITY-ST-ZIP **MONKTON MD**

TITLE
 NAME ☐ Change ☐ Addition
 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:

Signature of Bruce Sidell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/26/01 410-799-3200

CR2E034 (5/01)