

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G65927

1. Entity Name  
Alert Moving & Storage, Inc.

Principal Place of Business Mailing Address  
1100 17th Street 1100 17th Street  
Vero Beach, Florida 32960 Vero Beach, Florida 32960

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 SA-2353983 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

Marvin Moss, P.A.  
20801 Biscayne Blvd.  
Suite #506  
Aventura, FL 33180-1430

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	President	<input type="checkbox"/> Delete
NAME	Verderber, Joseph	
STREET ADDRESS	30 Jefferson Ave.	
CITY-ST-ZIP	St. James, NY 11780	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Edward J. Zirkel	
STREET ADDRESS	1226 41st Ave.	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Verderber, Joseph E. Jr.	
STREET ADDRESS	583 North Country Road	
CITY-ST-ZIP	St. James, NY	
TITLE	Sec	<input type="checkbox"/> Delete
NAME	Verderber, Judy	
STREET ADDRESS	30 Jefferson Ave.	
CITY-ST-ZIP	St. James, NY 11780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Edward J. Zirkel* Edward J. Zirkel V.P. 10-25-01 561-567-3368  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
01 OCT 30 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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\*\*\*\*122.50 \*\*\*\*\*61.25  
DO NOT WRITE IN THIS SPACE

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