2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # H35695 1. Entity Name

FILED Apr 24, 2001 8:00 am Secretary of State

GRAEBEL/ORLANDO MOVERS, INC.						04-24-2001 90354 007 ***150.00					
Principal Plac	e of Rusiness	Mailing Address									
6917 PRESIDEN ORLANDO FL 3 US	ITS DRIVE	6917 PRESIDENTS DRIVE ORLANDO FL 32809 US) 8414 84811 811	161 81811 818 11 8181	1 4 1411 (25 1	
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4	4. FEI Number 59-2478439 Applied Fo Not Applied					7
Zip Country		Zip Count		try	5. Certificate of Status Desired			_ \$8.75 Additional		1	
	6. Name and Address of Current	Registered Agent	stered Agent			7. Name and Address of New Registered Agent					
	**************************************			Name							
6917	AN, PATRICK PRÉSIDENTS DR.			Street Address (P.O. Box Number is Not Acceptable)							
ORL	ANDO FL 32809			!							
				City		4.4		FL	Zip Code	e	
8. The above	named entity submits this statement for	the purpose of changing its r	egistere	ed office or	registered	agent, or both, i	n the State of Fl	orida.			
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered	d Agent signatu	re required whe	n reinstating)		DATE			
Tax filing (oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
11.	OFFICERS AND	DIRECTORS	12.			ADDITIONS/CH	ANGES TO OFF	ICERS AN	D DIRECTORS		1,
TITLE	PTD	X Delete	TITLE		C\D		•		X Change	🖰 Addition	0
NAME STREET ADDRESS	Graebel, David W. 401 South Airport Blvd.		NAMI	ET ADDRESS		W. Graeb E. Airpo		^			1
CITY-ST-ZIP	AURORA CO 80017			-ST-ZIP		e. Alipo		E			1 8
TITLE	SD	₩ Delete	TITLE		P/D	1, 00 000			Change	[_] Addition	18
NAME	GRAEBEL, LOIS G.		NAMI		Benjam	nin D. Gr	aebe1		A		
STREET ADDRESS	401 SOUTH AIRPORT BLVD.			ET ADDRESS	16346	E. Airpo	rt Circl	e			
CITY-ST-ZIP	AURORA CO 80017		CITY	ST-ZIP		1, CO 800	11			. 1075	$\left\{ \right.$
TITLE	VD Ware, Lane G.	→ Delete ~	TITLE		D	ım H. Gra	obol		∽ 🗀 Change -	Addition	
NAME STREET ADDRESS	401 SOUTH AIRPORT BLVD.			: et address		E. Airpo		P			
CITY-ST-ZIP	AURORA CO 80017		CITY-	ST-ZIP		, CO 800		_			
TITLE	VD	Delete	TITLE		VP/D				X Change	[]] Addition]
NAME	GRAEBEL, BENJAMIN D	•	NAM			ne Ware					
STREET ADDRESS	401 S. AIRPORT BLVD.			ET ADDRESS		ird Stre		e 700			}
CITY-ST-ZIP	AURORA CO 80017			ST-ZIP		ı, WI 544	03		V) Change	(T) Addition	┨
TITLE NAME		☐ Delete	TITLE		S/D Lois G	G. Graebe	1		X) Change	Addition	-
STREET ADDRESS				ET ADDRESS		E. Airpo		e			
CITY-ST-ZIP			CITY-	ST-ZIP		. CO 800		_			
TITLE		☐ Delete	TITLE		T				☐ Change	X Addition	
NAME			NAM		Gene C						
STREET ADDRESS				ET ADORESS		E. Airpo		e			
CITY-ST-ZIP		AL-1- (1):	UIIY-	ST-ZIP	Aurora	CO 800	11	1 5 4 1- 4 4 4	-416 - 41 41 1-	(1

r nereby 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 disterned 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Lane Ware 4/17/01 Vice President

(715) 845-4336