

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90039 007 \*\*\*150.00

**DOCUMENT # H49856**

1. Entity Name  
**VISION MOVING SYSTEMS OF JACKSONVILLE, INC.**



Principal Place of Business  
**5400 WEST FIRST STREET  
JACKSONVILLE FL 32254  
US**

Mailing Address  
**5400 WEST FIRST STREET  
JACKSONVILLE FL 32254  
US**

2. Principal Place of Business  
**6740 BROADWAY AV**

3. Mailing Address  
**6740 BROADWAY AV**

Suite, Apt. #, etc.  
**H**

Suite, Apt. #, etc.  
**H**

City & State  
**JACKSONVILLE, FL**

City & State  
**JACKSONVILLE, FL**

Zip Country  
**32254**

Zip Country  
**32254**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2518708**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SEIBERT, THOMAS G.  
5400 WEST FIRST STREET  
JACKSONVILLE FL 32254**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**6740 BROADWAY AV SUITE H**

City **JACKSONVILLE**

**FL**

Zip Code  
**32254**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SEIBERT, THOMAS G.</b>	
STREET ADDRESS	<b>1125 ELRIDGE ST.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PAPUGA, ROBERT</b>	
STREET ADDRESS	<b>5400 WEST FIRST ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32254</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, STEVE</b>	
STREET ADDRESS	<b>5400 WEST FIRST ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32254</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6740 BROADWAY AV SUITE H</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32254</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6740 BROADWAY AV SUITE H</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32254</b>	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/29/03**

**(904) 786 7204**

CR2E034 (10/02)