FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am **DOCUMENT #** H82649 **Secretary of State** 1. Entity Name ASTRO MOVING & STORAGE, INC. OF VERO BEACH 02-11-2002 90123 012 ***150.00 Principal Place of Business Mailing Address 1100 - 17TH STREET 1100 - 17TH STREET VERO BCH. FL 32960 VERO BCH, FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2353983 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARVIN. MOSS P.A. 4651-SHERIDAN-ST. 20801 BISCAYNE BILLI SUITE 500 Suite 506 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD EL 33021 North Miem; Beh, Fl. 33180 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME VERDERBER, JOSEPH NAME 30 JEFFERSON AVE. 30 JEFFERSON AVE CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. JAMES NY CITY-ST-ZIP 11780 TITLE ☐ Delete TITLE ☐ Change Addition VΡ NAME NAME ZIRKEL. EDWARD J. STREET ADDRESS 4141 18TH ST 1226 415+ AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP VERO BEACH FL TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 an address, with all other like empowered.

SIGNATURE: