2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J25219 Jun 09, 2000 8:00 am Secretary of State 1. Entity Name A-ABLE-KENNELLY MOVING & STORAGE COMPANY 06-09-2000 90016 005 ***150.00 Mailing Address 2157 ORANGE AVENUE **ORANGE PARK FL 32073-5253** EL 32073 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FE! Number 59-2862882 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KENNELLY, JOSEPH G., III Street Address (P.O. Box Number is Not Acceptable) 2157 ORANGE AVE **ORANGE PARK FL 32073** 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be 512 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Change ☐ Addition TITLE KENNELLY, JOSEPH G., III NAME NAME STREET ADDRESS STREET ADDRESS 4242-LEXINGTON-AVE 2157 Orange Ave CITY-ST-ZIP CITY-ST-7IP JACKS CHIZING EL Orange Park, Fla ☐ Addition TITI F ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE □ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/200 278-4822