

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J34635

1. Entity Name

A-PASCO MOVING & STORAGE INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90198 044 \*\*\*150.00

Principal Place of Business

Mailing Address

930 E 124TH AVE  
P.O. BOX 1135  
LUTZ FL 33549-8135  
US

930 E 124 AVD.(TAMPA. FL 33612)  
P.O. BOX 1135  
LUTZ FL 33548-1147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33548

4. FEI Number

59-2720519

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEDNAR JOSEPH A, JR  
6439 WOODSMAN DR  
ZEPHYRHILLS FL 33544

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

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  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DT	<input type="checkbox"/> Delete
NAME	SCHWARTZ, CHARLOTTE	
STREET ADDRESS	6439 WOODSMAN DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BEDNAR, THERESA M.	
STREET ADDRESS	6439 WOODSMAN DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BEDNAR, JOSEPH A., JR.	
STREET ADDRESS	6439 WOODSMAN DRIVE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEDNAR, KEITH	
STREET ADDRESS	2503 MOBILE AIR DR	
CITY-ST-ZIP	LUTZ FL 33549	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Charlotte M. Schwartz Charlotte m Schwartz 1-14-00 813-977-5540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)