

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K6219i

1. Entity Name

SMOOTH MOVERS, INC.

Principal Place of Business

ERIC N. FORD  
1114 82ND DR., SOUTH  
WEST PALM BEACH FL 33411

Mailing Address

PO BOX 210517  
1114 82ND DR., SOUTH  
ROYAL PALM BCH FL 33421  
US

2. Principal Place of Business

2014 Reston Cir

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Royal Palm Bch, FL

City & State

4. FEI Number

65-0105584

Applied For

Not Applicable

Zip

Country

33411 U.S.A.

Zip

Country

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

FORD, ERIC N.  
1114 82ND DRIVE SOUTH  
WEST PALM BEACH FL 33411

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, 2001 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 D  
NAME FORD, ERIC N.  
STREET ADDRESS 1114 82ND DR., SOUTH  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D  
NAME FORD, ERIC N.  
STREET ADDRESS 2014 Reston Cir  
CITY-ST-ZIP Royal Palm Beach, FL 33411

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90063 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)